

NELSON TASMAN REGIONAL LANDFILL BUSINESS UNIT
YORK VALLEY LANDFILL

Manifest Number

DISPOSAL MANIFEST & CERTIFICATE (Code 31)

For disposal of Methamphetamine Laboratory Contaminants

IMPORTANT INFORMATION

1. Applicant must complete in full the following three sections of this form: Applicant – Site Identification and Waste Stream Information – Certification.
2. Application to be emailed to: landfill@ncc.govt.nz or sent to: Operations Manager, NTRLBU, c/- NCC, P.O. Box 645 Nelson.
3. The Applicant shall not give less than 5 working days notice to NTRLBU for approval to dispose.
4. After finishing, Council's Solid Waste Section will return a copy of this form to the applicant.
5. Disposal arrangements (date, time) **must be made with the Landfill Operator; two days' notice is generally required.** Phone Landfill Operator on 027 771 1116
Please Note: Not arriving at the arranged time may result in load rejection until a new time can be made.
6. The completed certificate must be presented to the Landfill Operator for retention upon arrival at the landfill.
7. Use Code 31 Contaminated Material – Drugs
8. Access to York Valley Landfill is provided to approved commercial operators only.

APPLICANT

Applicant:

Contact Person:

Address:

City:

Telephone: **Email:**.....

After hours phone: **Mobile No.:**

SITE IDENTIFICATION & WASTE STREAM INFORMATION

Building:
(e.g. dwelling, school, shop, church)

Address:

City:

Description of waste:
(e.g. roofing, insulation, walls, fencing)

Current storage location:

Material should be kept wet to avoid dust when being handled.
Material should be double-wrapped in plastic that will not burst/tear during unloading and suitably sealed.

Estimated quantity (tonnes):.....

Estimated number of loads to Landfill:

Approx date of disposal at Landfill:.....

CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge. No deliberate or willful omissions of waste composition, properties or quantities exist and all known or suspected hazards have been disclosed.

The contents of the load(s) to be disposed of will comply with the York Valley Landfill Waste Acceptance Criteria.

Signature: **Date:**

Name: **Position:**.....

NTRLBU – YORK VALLEY LANDFILL ACCEPTANCE ASSESSMENT

Waste Inspected.

Information checked.

Special Disposal Conditions

Only excavate in favorable weather conditions. The material must be buried with a minimum cover of 600mm.

Safety Precautions Recommended

PVC Overalls Gloves Boots Eye Protection Breathing Apparatus

Approved

Not Approved: Reason:.....

Signature: **Date:**

Name: **Position:**.....

TRANSPORTER TO COMPLETE

Transport Company:

Vehicle/Fleet:

.....

City:

Driver's Signature: **Date:**.....

LANDFILL STAFF TO COMPLETE *(Check signatures and application number)*

Weigh Bridge Docket Number:

Load No. **of** **loads**

Landfill Operator Signature: **Date:**.....

Please forward this document to the NTRLBU, c/- Nelson City Council.