# Category 64 or 65 landfill located outside of the metropolitan region

## Approved form for keeping record pursuant to regulation 17(2) of the Waste Avoidance and Resource Recovery Regulations 2008

|  |  |
| --- | --- |
| **Part 1 – Licensee details** | |
| This information relates to the licence issued for the landfill under the *Environmental Protection Act 1986* | |
| DWER licence number | Click or tap here to enter text. |
| Licensee name | Click or tap here to enter text. |

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| --- | --- | --- |
| **Part 2 – Customer details** | | |
| Transport company name | Click or tap here to enter text. | |
| Transport company phone number | Click or tap here to enter text. | |
| Driver’s first and last name | Click or tap here to enter text. | |
| Driver phone number | Click or tap here to enter text. | |
| Vehicle make | Click or tap here to enter text. | |
| Registration number of primary transporting vehicle | | Click or tap here to enter text. |
| Registration number(s) of trailer(s) | | Click or tap here to enter text. |
| Total number of axles on vehicle and trailer combination: | | Click or tap here to enter text. |

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| --- | --- | --- |
| **Part 3 – Waste details** | | |
| Date of delivery | Click or tap here to enter text. | |
| Weighbridge used to weigh waste? | Yes No | |
| If no, which estimation method in the approved manner was used? | | Choose an item. |

| **Time** | **Description of waste type** | | **Provider and source of waste** | **Weight of waste disposed to landfill** | **Weight of exempt waste** |
| --- | --- | --- | --- | --- | --- |
| **Waste stream** | **Material type** | **Please provide the name and contact details of the supplier of the waste and the address from which the waste was originally collected** | **r. 8(2) or r.9(1) Waste Avoidance and Resource Recovery Levy Regulations** | **r. 8(2) or r.9(2A) Waste Avoidance and Resource Recovery Levy Regulations** |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Total** |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |