



KATHERINE TOWN COUNCIL

PO BOX 1071, KATHERINE NT 0851
Ph: 08 8972 5500 Fax: 08 8971 0305
Email: records@ktc.nt.gov.au

APPLICATION FOR ASBESTOS DISPOSAL KATHERINE TOWN COUNCIL WASTE MANAGEMENT TRANSFER STATION

Asbestos will only be accepted by the KTC Waste Management Transfer Station if the disposal has been authorised in writing by the Katherine Town Council's Works and Services Department. Please allow five business days for approval.

WASTE GENERATOR DECLARATION

SECTION 1:

GENERATOR OF WASTE: _____
(COMPANY NAME) (EPL NO.)

CONTACT NAME: _____ EMAIL: _____

PHONE (BH): _____ MOBILE: _____ FAX: _____

ASBESTOS REMOVAL LICENSE: _____
(WHERE APPLICABLE) (NAME OF LICENSEE) (LICENSE NO.)

PHYSICAL ADDRESS OF WASTE SOURCE: _____

USE OF THE LAND: RESIDENTIAL PUBLIC COMMERCIAL OTHER

ACTIVITY GENERATING WASTE: _____

TYPE OF WASTE: FRIABLE NON-FRIABLE <10m² NON-FRIABLE >10 m²
(CLASS A) (CLASS B)

NT WORKSAFE NOTIFICATION FORM LODGED: YES NO N/A

ESTIMATED QUANTITY TONNAGE: _____ ESTIMATED QUANTITY M²: _____

PROPOSED DISPOSAL DATE: _____ PROPOSED DISPOSAL TIME: _____

Declaration: This load consignment does not contain prohibited items as listed in *Schedule 2 of The Waste Management and Pollution Control (Administration) Regulations* unless otherwise authorised by the Katherine Town Council and shall be wrapped and handled in accordance with the *National Code of Practice for the Safe Removal of Asbestos 2nd Edition*.

SIGNATURE OF GENERATOR: _____ DATE: _____

TRANSPORT DECLARATION

SECTION 2:

TRANSPORTER OF WASTE: _____
(COMPANY NAME) (EPL NO.)

CONTACT NAME: _____ EMAIL: _____

PHONE (BH): _____ MOBILE: _____ FAX: _____

VEHICLE TYPE: _____ REGISTRATION: _____

DRIVER'S NAME: _____ DRIVERS LICENCE No: _____

ASBESTOS REMOVAL LICENSE: _____
(WHERE APPLICABLE) (NAME OF LICENSEE) (LICENSE NO.)

CONTACTS SIGNATURE: _____ DATE: _____

Privacy Statement

The information requested in this form is being collected by Katherine Town Council for compliance purposes relating to our Environmental Protection Licensing requirements. If you do not provide the information Council may not be able to process your application. Katherine Town Council may disclose the information provided by you on this form to other government bodies, as required or authorised by the Katherine Town Council By-Laws of the Local Government Act or in accordance with our Privacy Policy, which is available on our website www.ktc.nt.gov.au or on request from the Council office. You may obtain access to your personal information held by Council by submitting an application form that is available at Council or by contacting the "Customer Service Officer" (08) 8972 5500.

WORKS AND SERVICES DEPARTMENT DISPOSAL AUTHORISATION - OFFICE USE ONLY

SECTION 3:

DISPOSAL CHARGE PER TONNE: **\$500.00**
(INCLUDING GST) (Minimum charge of 1 tonne)

DISPOSAL INSTRUCTIONS:

WEIGHBRIDGE OPERATOR **Photo copy drivers licence and attach to form.**

SITE OPERATOR **Undertake a visual inspection of the load prior to acceptance to ensure that the asbestos waste is wrapped appropriately.**
Asbestos waste is to be buried at a minimum depth of three (3) meters.

APPROVED: NOT APPROVED: AUTHORISATION NUMBER: _____

AUTHORISING OFFICER DETAILS: _____
POSITION *NAME*

SIGNATURE: _____ DATE: _____

WEIGHBRIDGE OPERATIONS - OFFICE USE ONLY

SECTION 4:

WEIGHBRIDGE OFFICER PROCESSING

ON ARRIVAL:

LICENSE HAS BEEN PHOTO COPIED AND IS ATTACHED: YES: NO:

ON DEPARTURE:

NET WEIGHT OF CONSIGNMENT: _____ AMOUNT PAID: _____

WEIGHBRIDGE OFFICER (PRINT NAME): _____

SIGNATURE: _____ DATE: _____

LOAD IDENTIFICATION & AUTHORISATION - OFFICE USE ONLY

SECTION 5:

SITE OPERATOR PROCESSING

AUTHORISATION NO: _____ DISPOSAL DATE: _____ TIME: _____

VISUAL INSPECTION OF CONSIGNMENT: ACCEPTED: REJECTED:

LOCATION OF WASTE BURIAL: **ASBESTOS PIT 1**

TREATMENT GIVEN TO CONSIGNMENT AT DESTINATION:

All waste, pertaining to the above authorisation number, was disposed of at the Katherine Town Council Waste Management Transfer Station according to the conditions as stipulated on this form.

SITE OPERATOR (PRINT NAME): _____

SIGNATURE: _____ DATE: _____