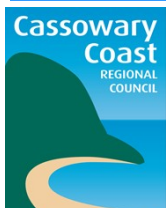


APPLICATION FOR DISPOSAL OF ASBESTOS



Please return completed form to:

The Chief Executive Officer
Cassowary Coast Regional Council
PO Box 887
INNISFAIL QLD 4860

Or

E: shared.wastesupport@ccrc.qld.gov.au

P: 1300 763 903

Please provide the following information for disposal of asbestos to landfill:

Full name of Licensed Asbestos Contractor:	
Asbestos Removal Licence Number:	
Waste Tracking Certificate Number:	
Business Address:	
Email:	Phone:
Location of waste generated:	
Type of waste disposed (e.g. Asbestos sheeting, asbestos containing material)	
Volume i.e. cubic metres, tonnage or kg:	
Transfer station sought for disposal of waste: (i.e. Tully or Stoters Hill)	
Date of disposal of waste at Transfer Station:	
Time of disposal of waste at Transfer Station:	

NOTE:

- Council will not accept asbestos generated from outside of the Shire area;
- Application is required to be made a minimum of 2 business days prior to disposal;
- Asbestos must be securely packaged and sealed in reinforced double lined plastic wrap to prevent dispersal of any fibres
- Quantities of more than 175kg or 10 square metres must provide a Waste Tracking Certificate.

As the applicant, I am aware that it is an offence to knowingly provide false and misleading information in accordance with Environmental Protection (Interim Waste) Regulation 1996, and state.

1. That I am authorised to sign on behalf of the person (meaning a corporation or individuals) and commit this person (meaning a corporation or individuals) in all respect.
2. That the information supplied is correct to the best of my knowledge or that I could reasonably obtain.

Signature of Applicant: _____ Date: _____

Cassowary Coast Regional Council – Information Privacy Statement: The Cassowary Coast Regional Council respects your privacy. Your personal information has been collected for the purpose of assessing your application for disposal of asbestos. The collection of your information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to do so by law. You may apply to access this information on the appropriate form obtainable from Council's website at anytime.

Gatehouse

Date:

Company:

Document No:

	Y	N
Asbestos material received	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with disposal criteria i.e. double wrapped/secure	<input type="checkbox"/>	<input type="checkbox"/>
Quantity as advised	<input type="checkbox"/>	<input type="checkbox"/>

Disposal Facility

Tully

☐

Stoters Hill

☐

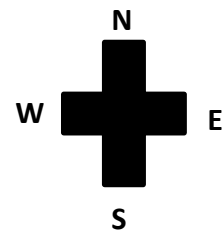
Gatehouse Attendant Name: _____ Signature: _____

Landfill Attendant

Landfill Cell

Lift Number

Approximate location
Within landfill cell



Landfill cell

Landfill Attendant Name: _____ Signature: _____