

Application for disposal of special waste

Please complete this form in full 48 hours prior to delivery, supplying appropriate details so that there is no delay in processing this application. A permit number must be issued before special waste can be accepted at the Southern Landfill. Approved applications will be notified by fax or email to confirm acceptance.

Send your completed form to

Fax to: Southern Landfill Kiosk
Fax: 04 383 6631
Attn: Peter Gordon

Email to: landfillin@wcc.govt.nz

Hours: Special waste, once issued with a permit number, will only be accepted:
Monday to Friday, 8am-4pm at the Southern Landfill.

Please note: Some hazardous waste may take longer than 48 hours to be approved.
Asbestos must be wrapped in heavy plastic or polythene and sealed. Maximum number of sheets per bundle is 20.
No loose or poorly wrapped asbestos will be accepted at the Landfill.

Application for disposal of special waste - please print clearly

Waste generator:

Customer number:

Location where the waste was generated:

Business address:

Contact person:

Phone/mobile:

Email:

How would you like to be notified to confirm acceptance: *(please tick)*

Name of driver:

Fax:

Fax Email

Waste description (*refer NZCIC Guidelines for Waste Management Practice in NZ*)

Delivery

Requested date of delivery:

HAZCHEM code:

Quantity:

Packaging method:

Odorous: Yes / No (*delete one*)

If "Yes" please describe odour:

Storage site prior to transport:

Name of transporter:

Name of driver:

Declaration by generator

I declare that the above waste application form is accurately described and in proper condition for transport in accordance with the Transport Act.

I hereby accept full liability for any loss or damage, of whatsoever kind including direct or indirect, special or consequential loss arising as a result of any inaccuracy in or omission from the information provided by me and agree to fully indemnify The Wellington City Council for any claims which may be made against The Wellington City Council arising from such inaccuracies or omissions.

Full Name: _____

Signature: _____

Date: ____ / ____ / ____

Declaration by the transport operator

I acknowledge the receipt of the waste consignment is described above:

Full Name: _____

Signature: _____

Special disposal instruction where applicable

Disposal charges

Description:	Rate per tonne: (GST inc)	Minimum charge: (GST inc)
Special waste	\$287.50	\$143.75
Polystyrene	\$2,500.00	\$1,250.00

Signature: _____