

## ARMIDALE WASTE MANAGEMENT FACILITY PLANT MATERIAL SOURCE SITE FORM

DATE: \_\_\_/\_\_\_/\_\_\_

|   |  |                            |             |
|---|--|----------------------------|-------------|
| NAME OF THE PERSON RESPONSIBLE FOR THE TRANSPORTATION AND DISPOSAL OF THE PLANT MATERIAL  |  |                            |             |
| ORIGIN OF PLANT MATERIAL (ADDRESS)<br>i.e. Not necessarily the address of the importer.   |  |                            |             |
| VEHICLE REGISTRATION  |  | REQUESTED DATE OF DISPOSAL | ___/___/___ |
| ESTIMATED VOLUME (Cubic metres)   |  | ESTIMATED NUMBER OF LOADS  |             |
| Terms and conditions of PLANT MATERIAL disposal at Armidale Waste Management Facility.  |  |                            |             |
| <p>I the undersigned, will lawfully dispose of plant material in accordance with the NSW Protection of the Environment Operations (Waste) Regulation 2014.</p> <p>I will advise the Council if any pesticides have been applied to the plant material. This will include details of the pesticides used.</p> <p>No soil is attached to the plant material.</p> <p>Photo ID (drivers licence) will be provided when entering the Armidale Waste Management Facility.</p> <p>Whilst on site I will fully comply with the Armidale Waste Management Facility site operational and safety rules and I will follow any lawful instructions from staff.</p> <p>I am aware that the site Manager or their delegate at their total discretion may reject unsuitable loads (i.e. those containing asbestos, preserved wood, glass, metal, plastic or polystyrene)</p> <p>Signed: _____</p> |  |                            |             |

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