

PRE-NOTIFICATION COPY
PLEASE COMPLETE IN BLOCK CAPITALS

HAZARDOUS WASTE REGULATIONS (NI) 2005

Consignment Note No:

DA 5324046

No. of pre-notice 5324046

Sheet

of

A. CONSIGNMENT DETAILS

PLEASE TICK IF YOU ARE A TRANSFER STATION

1. The waste described below is to be removed from (name, address & postcode)
[REDACTED]
2. The waste will be taken to (name, address & postcode)
Irish Salt Mines & Explorat.Co Ltd, 10 Fort Road, Kilroot, Carrickfergus Co. ANTRIM, BT38 9BT
3. The consignments(s) will be: one single ☐ a succession ☒ carrier's round ☐ carriers round ☐ extended ☐
(please specify) single ☐ succession ☐ carrier's round ☐
4. Expected removal date of first consignment **02/09/2025** last consignment:
5. I, the undersigned, certify that the information in A & B is correct and I can confirm that I have fulfilled my duty to apply the waste hierarchy as required by Article 5(2B) of the Waste and Contaminated Land (Northern Ireland Order) 1997
6. Name [REDACTED] On behalf of (company, address & postcode)
[REDACTED]
Signature
Date 29/08/2025
8. The waste producer was - if different than 1. (name, address & postcode)
7. Telephone No: [REDACTED]

B. DESCRIPTION OF WASTE No of additional sheets:

SIC for the process giving rise to the waste is:

- 1 The waste is:
- 2 The process giving rise to the waste:

3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified):

List of Wastes (EWC) Code (6 Digits)	Quantity (kg/lts/tonnes)	The chemical/biological components of the waste and their concentrations are		Physical Form gas(G), liquid(L), solid (S) powder(P),sludge(SL) or Mixed(M):	Hazard Code(s)	Container Type, size
		Component	Concentration (%or mg/kg)			
190107	15	CALCIUM OXIDE	<12	SOLID	HP4	OTHER

C. CARRIER'S CERTIFICATE (If more than one carrier is used attached schedule for subsequent carriers) If carrier schedule is attached, please tick
I certify that today I collected the consignment and that the details in A1, A2 and B3 above are correct and that I have been advised of any specific
handling requirements. The Quantity collected in the load is:-

Name On behalf of (company, address, postcode & telephone no:)

Signature Tel. No. Date at Hrs

1. Carrier Registration No./Reason for Exemption:

2. Vehicle registration No (or mode of transport if not road):

D. CONSIGNOR'S CERTIFICATE

I certify that the information in B and C above is correct and the carrier was advised of the appropriate precautionary measures. All of the waste is
packaged and labelled correctly and the carrier has been advised of any specific handling requirements.

Name On behalf of (company, address & postcode)

Signature Date at Hrs

E. CONSIGNEE'S CERTIFICATE

Where more than one waste type is collected all of the information given below must be complete for each EWC.

Individual EWC Code(s) received	Quantity of each EWC Code received (Kg)	EWC code Accepted/Rejected	Waste Management operation (R or D code)

1. I received this waste at the address given in A2 on at Hrs

2. Vehicle registration no:

I certify that Waste Management Licence/permit/authorised exemption no
authorises the management of the waste described in B at the address given in A2.

Name On behalf of (company)

Signature Date