



Omarunui Landfill - Hazardous Waste Manifest

Manifest #

GENERATOR DECLARATION – (to be completed by Applicant prior to processing)

Name Of Business were Refuse Originated		
Address were Refuse Originated		
Project Manager	Email:	Mobile:
Name of Transporting Company		

WASTE DESCRIPTION (to be completed by Applicant prior to processing)

Proper Shipping Name:	Form of Waste: (please tick)	
	<input type="checkbox"/> Solid (Acceptable) <input type="checkbox"/> Powder (Must be contained not loose) <input type="checkbox"/> Sludge (No more than 20% liquid) <input type="checkbox"/> Liquid (Prohibited at Omarunui)	
Common Name:	<u>Waste Constituent</u> (Table Yb)	<u>Haz Chem Code</u> (Table H)
Additional Information Provided: (please tick)	<u>UN No.</u> (Table H)	<u>Waste Stream</u> (Table Ya)
	Laboratory Test Results Screening <input type="checkbox"/> Yes Laboratory Test Results Leachability <input type="checkbox"/> Yes Material Safety Data Sheets <input type="checkbox"/> Yes Fire Damage Report <input type="checkbox"/> Yes	<u>Flashpoint::</u>
I hereby certify that the above consignment is accurately described and is in condition for transport as per NZTA requirements		
Signature	Name (Print)	Designation (Print)
		Date

LANDFILL ASSESSMENT (to be completed by Landfill Staff)

<u>Waste Acceptable</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Hazardous</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disposal Mapping Required</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal Instructions		Safety Precautions
Deep Burial <input type="checkbox"/> Yes Mix in with General Refuse <input type="checkbox"/> Yes Deep Burial Asbestos Valley <input type="checkbox"/> Yes Other (please specify)		PVC Overalls, gloves, boots eye protection <input type="checkbox"/> Yes Breathing Apparatus (Respirator) <input type="checkbox"/> Yes Fire Extinguisher <input type="checkbox"/> Yes Other (please specify)
I hereby certify that the above consignment is approved for disposal at Omarunui Landfill.		
Signature	Name (Print)	Designation (Tick)
		Manager <input type="checkbox"/> Supervisor <input type="checkbox"/>
		Date

LANDFILL DECLARATION (to be completed by Landfill Staff)

I hereby acknowledge receipt and disposal of the above mentioned waste. Waste Mapped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature	Name (Print)	Designation (Tick)	Date
		Forman <input type="checkbox"/> Operator <input type="checkbox"/>	

KIOSK DATA (to be completed by Landfill Kiosk Operator)

Docket Number:		
Kiosk Operator's Signature	Name (Print)	Date

Copy 1 - Landfill to retain (partly completed)

Copy 2 - Transporter to retain (fully completed)