

APPLICATION FOR DISPOSAL OF ASBESTOS SHEETING

DX 26402 Shellharbour City Centre

Conditions of Disposal

Approval must be obtained prior to disposing of asbestos waste. Please contact the Weighbridge Attendant on **4237 7546**. This application must be completed, verified and lodged at least five working days prior to transporting to Dunmore Recycling and Waste Disposal Depot.

Asbestos sheeting must be double wrapped in 0.2mm builders polythene, in bundles weighing less than 20kg with a maximum of 10m² and with joints fully taped using 50mm duct tape in lengths of 1m to 1.5m, and clearly labelled "Asbestos". Deliveries will be accepted for disposal between 7.30am and 3.30pm weekdays.

Only asbestos waste generated within the Shellharbour and Kiama Local Government areas will be accepted for disposal. Asbestos disposal fees **\$420.00/tonne (minimum charge of \$160.00)**.

Important Information

The NSW EPA now requires waste transporters to provide information regarding the movement of any load in NSW containing >10m² of asbestos sheeting, or 100kg of asbestos waste. Residents who transport waste material must have created a unique WasteLocate Consignment Number and reported to the EPA using <https://wastelocate.epa.nsw.gov.au> prior to inspection by Shellharbour City Council. When you arrive at the waste facility, you must scan the QR2id plate displayed at the weighbridge and log into WasteLocate to confirm the delivery of the load. Shellharbour City Council is required to report any deliveries that are not accompanied by a WasteLocate Consignment Number to the NSW EPA.

APPLICANT TO COMPLETE

Customers WasteLocate Consignment Number: _____

To create a unique WasteLocate consignment number go to <https://wastelocate.epa.nsw.gov.au>

Address of waste source: _____

House, bathroom, laundry, garage, shed, other (please specify): _____

Quantity of waste: _____ Date to be transported: _____

Property owner:- Name: _____

Address: _____

Phone: _____ Signature: _____ Date: _____

Transporter of Waste:- Name: _____

Address: _____

Phone: _____ Signature: _____ Date: _____

By signing this form, you acknowledge that you have read and understood the above conditions

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

Shellharbour City Council is collecting the information on this form for the purpose of providing you with a service. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be placed on a relevant file and/or saved in Council's electronic records management system. You may apply to Council for access to this information. Requests for correction of your personal information can be made under the Privacy & Personal Information Protection Act 1998. Please see Council's [Privacy Management Plan](#) or contact the Council's Public Information Officer for more information.

OFFICE USE ONLY

Source Verified By: Name: _____ Position: _____

Signature: _____ Date: _____

Delivery Received By: Name: _____ Position: _____

Signature: _____ Date: _____