

**DISPOSAL OF COMMERCIAL WASTE RECORD – Bruce Rock Landfill Site**

Name of Person/s Disposing	Delivery Date	Delivery Description	Volume m <sup>3</sup>	Vehicle Registration	Location Waste From

*For additional entries please use extra pages*

I, \_\_\_\_\_  
*(full name)*

On behalf of, \_\_\_\_\_  
*(company name)*

At \_\_\_\_\_  
*(Company OR private individuals residential address)*

Will be disposing within the designated area at the Bruce Rock Landfill Site.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Queries regarding this matter should be directed to the Bruce Rock Shire Environmental Health Officer Mr J Goldacre on **0447 127 731** or by email: [eho@brucerock.wa.gov.au](mailto:eho@brucerock.wa.gov.au) or to the Bruce Rock Administration Office 54 Johnson Street, Bruce Rock 6418 ph: 90611377

*Prior arrangement with landfill contractor for **asbestos** disposal is required*

**OFFICE USE ONLY**

**BRUCE ROCK LANDFILL SITE DISPOSAL ACKNOWLEDGEMENT**

I hereby acknowledge **acceptance/rejection** (*please circle*) of the volume of commercial waste described in the table above at the Bruce Rock Landfill Site.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

**FEES FOR DISPOSAL AT BRUCE ROCK LANDFILL**

<b>Waste Type</b>	<b>X GST</b>	<b>GST</b>	<b>TOTAL</b>
Commercial Waste (per m <sup>3</sup> & next highest m <sup>3</sup> )	<b>\$48.18</b>	<b>\$4.82</b>	<b>\$53.00</b>
Out of normal landfill operating hours attendance/supervision fee	<b>\$48.18</b>	<b>\$4.82</b>	<b>\$53.00</b>

*M<sup>3</sup> = Length X width X Height*