Waste tonnage return form Version: 1.2

Cyfoeth Naturiol Cymru
Natural Resources Wales

14 AUG 2015

Office use only
Date of issue (20/09/2014)

Sent requiring correction (DD/MM/YYYY)

Return rejected (DD/MM/YYYY)

Date received (DD/MM/YYYY)

Return submitted (DD/MM/YYYY)

Use this form to tell us the type and quantity of controlled waste you have processed on your site over the last quarter.

Please read through the whole form and guidance notes before you start filling anything in. **Mandatory fields marked by ***

Your return must be submitted within the following period:
After: and before:

Failure to comply with these dates may result in enforcement.

When completed please post to:
Natural Resources Wales
Customer Care Centre
29 Newport Rd
Cardiff
CF24 0TP

Please contact 0300 065 3000 if you have any queries.

1 Return period and contact details

Return period * (APRIL - to June 2015)

Contact name for this return * W. ROBERTS

Position * OWNER

Contact tel. * 02920 - 453888
07734 896705.

Contact email —

2 Permit, operator and site details

Permit No. * ZP 3295FH

Site operator name * WILLIAM ROBERTS

Site name * DIGGER DISMANTLERS

Site address * 15 MARTIN ROAD
TROMAFFLIND-EST
DOCKS CARDIFF

Postcode * CF24 - 5SD

Type of facility * A19A.

2 Permit, operator and site details, continued

Are you operating a landfill? *
Yes ☐
No ☑

If yes, go to Section 3. If you are not operating a landfill, go to Section 4.

3 Landfill sites only

This section must be completed for landfill sites.

Remaining void space covered by this permit

_____ cubic metres.

Method of calculating void space

Date last surveyed or estimated (DD/MM/YYYY)

4 Return details

Are you submitting a nil return?*
Yes ☐
No ☑

If submitting a nil return, state reason for nil return, then go to the Declaration – Section 7 on page 2.

If not submitting a nil return was a weighbridge used?
(Complete this if your answer to 4 was No)
Yes ☐
No ☑

If yes, give percentage weighed

_____ %

Now go to Sections 5 and 6 (Waste received and Waste removed).

7 Declaration

Please make sure you have filled in all the sections that apply to you before signing this declaration.

I certify that the information in this return is correct to the best of my knowledge and belief.

I enclose _____ continuation sheets

Title MR

First name WILLIAM

Last name ROBERTS

Position owner

Phone 02920 453888

Date (DD/MM/YYYY) 12/8/2015

Signature WD Roberts

The information you provide will be used by Natural Resources Wales to enable it to fulfill its regulatory and waste management planning responsibilities

8 The Data Protection Act 1998

We, Natural Resources Wales, will process the information you provide so that we can deal with your application, make sure you keep to the conditions of the license, permit or registration, process renewals and keep the public registers up to date.

- offer you documents or services relating to environmental matters
- consult the public, public organisations and other organisations (for example, the Health and Safety Executive, local authorities, the emergency services, the Department for Environment, Food and Rural Affairs) on environmental issues
- carry out research and development work on environmental issues
- provide information from the public register to anyone who asks
- prevent anyone from breaking environmental law, investigate cases where environmental law may have been broken, and take any action that is needed
- assess whether customers are satisfied with our service, and to improve our service, and
- respond to requests for information under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 (if the Data Protection Act allows).

We may pass the information on to our agents or representatives to do these things for us.

5 Waste received on site

*Local Authority where the waste came from	*EWC waste code	*Description	*Disposal and recovery code	*Was Colle Autho sourc
CARDIFF	16-01-04	ELVs	R04-02-02	—
Vale of Glamorgan	16-01-04	ELVs	R04-02-02	

WASTE INPUT SAMPLING RESULTS

Only Complete for Mixed Wastes Under The Materials Facility Reporting Requirements (EPR Sch 9A)

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Supplier Name	EPR Permit Ref (for waste transferred from another permitted facility)	Materials Facility Mixed Waste Y/N	number of samples taken	Weight of Samples (Kg)	Avg % Glass	SD Glass	Avg % Metal	SD Metal	Avg % Paper	SD Paper	Av Pla

6 Waste removed from site

*Destination Local Authority Area Where Waste Removed To		*EWC waste code	*Waste Collection Authority source? (Y/N)	*Destination Facilit Recovery code
CARDIFF		16·01·06	No	R04-02-02
ABERDARE		16'01·03	NO	R04-02-02
KNOWSLEY		16·01·14	No	R04·02-02
CARDIFF		16'06'01	No	R04·02-02

WASTE OUTPUT

Only Complete for Outputs Under The Materials Facility Reporting Requirements (EPR Sch 9A)

IMPORTANT - PLEASE ENSURE Y

Materials Facility Output Y/N	Dispatched To	Permit Ref (If destined for another waste facility)	Description (Including Grade of Specified Materials)	No. of Samples of glass output	Weight of Samples (Kg)	Avg % Glass	SD Glass	No. of Samples of metal output