

Enviresource Consulting Ltd

Quoits Green

Natural Resources Wales

Llanrhidian

Customer Care Centre

Swansea

29, Newport Road

SA3 1ER

Cardiff. CF24 0TP

27th, June, 2022

Dear Sirs,

Re: Race Farm, Newport Road, Pontypool, NP4 0TP

Low Risk Surrender of Permit.

Permit Number: GB3439DE

I enclose outstanding quarterly returns for the green waste composting facility at Race Farm from the 1st quarter 2015 to 1st quarter 2015. The officer dealing with the surrender of the permit is Greg Gardner.

Regards,



David Davies



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Wales**

Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period
 Period name: 1st QUARTER Year: 2015

2 Operator and site details
 Site Operator: MR ANDREW MORGAN - MR PETER MORRAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Waste management facilities

3 Was a weighbridge used?
 Yes/No: No.
 Percentage weighed: %

5 Technically Competent Management
 License Type:
 Accredited Certification Body:
 Certification number:
 Name of principal TCM:
 Expiry date of Continuing Competency:

No T.C.M employed

Mandatory fields are highlighted

8 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: Cubic metres
 Method of calculating void space: NA
 Date last surveyed or estimated (DD/MM/YYYY):

3 Declaration *Please ensure you fill in the declaration below*
 I certify that the information in this return is correct to the best of my knowledge and belief.
 Signature: [Signature]
 Name: DAVID DAVIES
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513
 Date: 20/6/22

Optional fields are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAEN 30 20 02 01		GREEN WASTE				0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

PI/MATURE COMPOST SPREAD ON FARM PASTURE. HA GREEN WASTE 200



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period

Period name: 2ND QUARTER Year: 2015

2 Operator and site details

Site Operator: MR ANDREW MORGAN - MR PETER MORGAN

Permit Number: FB3439DE

Site Name: ROCK FARM

3 Waste management information

4 Was a weighbridge used?

Yes/No: No

Percentage weighed: %

5 Technically Competent Management

Scheme Type:

accredited Certification Body: No

Certification number: TCM

Name of principal TCM: employed

Expiry date of Continuing Competency:

Mandatory fields are highlighted

6 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered: this period

 Cubic metres

Method of calculating void space:

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

8 Declaration

Please ensure you fill in the declaration below

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

[Signature]

Name: DAVID DAVIES Null return:

Position: RESOURCE CONSULTING

Phone number: 07803032513 Date: 20/6/2022

Optional fields are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT: PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	10 KFAEH BC 20 02 01		GREEN WASTE				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
							0

10 KFAEH BC 20 02 01 GREEN WASTE

D1 / MATURE Compost spread on farm pasture

N.A

GREEN WASTE

650



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

Department of Wales: Resources Wales

1 Return Period
 Permit name: **3rd QUARTER** Year: **2015**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN - MR PETER MORGAN**
 Permit Number: **GB 3439DE**
 Site Name: **RACE FARM**

3 Was a weighbridge used?

Yes/No: **No**
 Percentage weighed: **0** %

4 Technically Competent Management
 Scheme Type: **No T.C.M. employed**
 Accredited Certification Body: **T.C.M. employed**
 Certification number: **T.C.M. employed**
 Date of principal TCM: **T.C.M. employed**
 Any date of Continuing Competency: **T.C.M. employed**

Ministry fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Return team on 0300 065 3000.
 When completed please email to:
 waste.returns@naturalresources.wales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered: **0** of this period
 Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated (DD/MM/YYYY): **NA**

3 Declaration
 I declare that the information in this return is correct to the best of my knowledge and belief.
 Signature: *David Davies*
 Name: **DAVID DAVIES**
 Position: **ENVIRONMENTAL GASOLINE LTD**
 Phone number: **07863032513**
 Date: **20/6/22**

Operational dates are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT: PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TOX FARM BC	20 02 01	GREEN WASTE				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
							0

DI / PASTURE COMPOST SPREAD TO PASTURE

NO. GREEN WASTE . 600



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2010

1 Return Period

Period name:

Year:

4th QUARTER

2015

2 Operator and site details

Site Operator:

MR ANDREW MORGAN - MR PETER MORGAN

Permit Number:

GB3439DE

Site Name:

RACE FARM

3 Landfill management information

3 Was a weighbridge used?

Yes/No

No

Percentage weighed

%

5 Technically Competent Management

Scheme Type

Approved Certification Body

Certification number

Name of principal TCM

expiry date of Continuing Competency

No TCM
employed

Mandatory fields are highlighted

6 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Optional fields are highlighted

Version date: 16/12/2020

Official use only

Date Received

Proper Return

If you need guidance on filling in this form please contact the Natural Resources Wales Return team on 0300 065 3000.

When completed please email to:

waste_returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covering this period

Cubic metres

Method of calculating void space

NA

Date last surveyed or estimated (DDMMYY)

7 Declaration

Please complete you sign to the declaration below

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

David Davies

Name:

DAVID DAVIES

Null return

Position:

ENVIRSOURCE CONSULTING

Phone number:

0780303 2513

Date:

20/6/22

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arises	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAEN BC	20 02 01	GREEN WASTE		N/A		430
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

DI / MATURE COMPOST SPREAD ON
FARM PASTURE



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

1 Return Period
 Form name: **1ST QUARTER** Year: **2016**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN & MR PETER MORGAN**
 Permit Number: **GB3439DE**
 Site Name: **RACE FARM**

3 Was a weighbridge used?
 Yes/No: **No**
 Percentage weighed: **0**%
4 Technically Competent Management
 Scheme Type: **No TCM employed**
 Issued Certification Body: **No TCM employed**
 Certificate number: **No TCM employed**
 Name of principal TCM: **No TCM employed**
 piry date of Continuing Competency: **No TCM employed**

Minority fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered in this period: **NA** Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated: **NA**

6 Declaration
 I declare that the information in this return is correct to the best of my knowledge and belief.
 Name: **DAVID DAVIES** Null return: **0**
 Position: **ENVIRONMENTAL CONSULTANT**
 Phone number: **01803 032513**
 Date: **20/6/22**

Optional fields are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAEH BC	20 02 01	GREEN WASTE		NA	GREEN WASTE	400
2			DI/MATURE COMPOST SPREAD ON				
3			FARM PASTURE				
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

0



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

1 Return Period
 Period name: **2ND QUARTER** Year: **2016**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN + MR PETER MORGAN**
 Permit Number: **GB343 9DE**
 Site Name: **RACE FARM**

3 Environmental Management

4 Was a weighbridge used?
 Yes/No: **No**
 Percentage weighed: **0** %
5 Technically Competent Management
 Scheme Type: **No T.C.M.**
 Accredited Certification Body: **employed**
 Certificate number: **employed**
 Name of principal TCM: **employed**
 Expiry date of Continuing Competency: **employed**

Mandatory fields are highlighted

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to: waste_returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered: **0** this period
 Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated (DD/MM/YYYY): **NA**

7 Declaration
 Please ensure you tick in the Declaration column
 I certify that the information in this return is correct to the best of my knowledge and belief
 Signature: **DA Davies**
 Name: **DAVID DAVIES**
 Position: **FAVOUR SOURCE CONSULTING**
 Phone number: **07863032513**
 Date: **20/6/22**

Optional fields are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

Row	Local Authority Area Where Waste Arises	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFASH BC 20 02 01		GREEN WASTE				
2			DI/MATURE COMPOST SPREAD ON FARM PASTURE		NA. GREEN WASTE		460
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

IMPORTANT! PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

0



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2010

1 Return Period

Facility name

Year

3rd QUARTER

2016

2 Operator and site details

Site Operator

MR ANDREW MORGAN + MR PETER MORGAN

Permit Number

GB 3439 DE

Site Name

RACE FARM

If you need guidance in filling in this form please contact the Natural Resources Wales Return Line on 0300 065 3000.

When completed please email to:

waste_returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covering this period

Cubic metres

Method of calculating void space

NA

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

3 Was a weighbridge used?

Yes/No

No.

Percentage weighed

%

4 Technically Competent Management

Theme Type

Approved Certification Body

Certification number

Site of principal TCM

Expiry date of Continuing Competency

No T.C.M
employed

5 Declaration

Please ensure you tick in the Declaration section

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

David Davies

Name

DAVID DAVIES

Null return

Position

ENVISOURCE CONSULTING

Phone number

01803032513

Date

20/10/22

Manifolds fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Optional fields are highlighted

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Version date: 16/12/2020

Official use only:

Date Received

Paper Return



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

Department of Natural Resources Wales

1 Return Period
 Period name: 4TH QUARTER Year: 2016

2 Operator and site details
 Site Operator: MR ANDREW MORGAN - MR PETER MORGAN
 Permit Number: GB3439 DE
 Site Name: RACE FARM

3 Environmental Management System

4 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: %

5 Technically Competent Management
 Scheme Type: No T.C.M. employed
 Accredited Certification Body:
 Certification number:
 Name of principal TCM:
 Expiry date of Continuing Competency:

Mandatory fields are highlighted

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Return Line on 0300 065 3000.
 When completed please email to: waste.returns@naturalresources.wales.gov.uk

7 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covering: this permit
 Cubic metres
 Method of calculating void space: H/A
 Date last surveyed or estimated (DD/MM/YYYY):

8 Declaration
 Please ensure you tick the Declaration boxes.
 I declare that the information in this return is correct to the best of my knowledge and belief.
 Signature: [Signature]
 Name: DAVID DAVIES
 Position: ENVIRONMENT CONSULTING
 Phone number: 07803 03 2513
 Date: 20/6/22

Optional fields are highlighted



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

1 Return Period
 Period name: 1ST QUARTER Year: 2017

2 Operator and site details
 Site Operator: MR ANDREW MORGAN - MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Landfill sites only

3.1 Was a weighbridge used?
 Yes/No: No.
 Percentage weighed: %

3.2 Technically Competent Management
 Scheme Type:
 Accredited Certification Body: No T.C.M. employed.
 Certification number:
 Site of principal TCM:
 Expiry date of Continuing Competency:

Mandatory fields are highlighted:

3 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

3.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered in this period: Cubic metres
 Method of calculating void space:
 Date last surveyed or estimated (DD/MM/YYYY): NA

3 Declaration
 I certify that the information in this return is correct to the best of my knowledge and belief.
 Signature: DAVIES
 Name: DAVID DAVIES Null return:
 Position: ENVIRESOURCE CONSULTING
 Phone number: 07803032513
 Date: 20/6/22

Optional fields are highlighted:

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

0

Local Authority Area Where Waste Arrose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
---	--------------------------	-------------	---------------------------	-----------------------------------	---------------	---------------

1	TORFAEN BC 20 02 01	GREEN WASTE	D1 / MIXTURE COM POST SPREAD ON FARM PASTURE	NA	GREEN WASTE	400
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Row



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

Department of Natural Resources Wales

1 Return Period

Period name:

Year:

2ND QUARTER

2017

4 Operator and site details

Site Operator:

MR ANDREW MORGAN - MR PETER MORGAN

Permit Number:

GB3439 DE

Site Name:

RACE FARM

2 Environmental Performance

3 Was a weighbridge used?

Yes/No

No

Percentage weighed

%

5 Technically Competent Management

Scheme Type

Registered Certification Body

Certificate number

Name of principal TCM

expiry date of Continuing Competency

No TCM

EMPLOYED

Mandatory fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Optional fields are highlighted

Version date: 16/12/2020

Date Received

Paper Return

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 4000.

When completed please email to:

waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covering: 1 this period

Cubic metres

NA

Method of calculating void space

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

3 Declaration

Please ensure you fill in the declaration below

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

DAVIES

Name

DAVID DAVIES

Position

ENVIRESOURCE CONSULTING

Phone number

07803032513

Null return

Date

20/6/22

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WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAEN BC 20 02 01		GREEN WASTE				0
2							
3							
4					NA	GREEN WASTE	400 500
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

DI/MATURE COMPOST SPREAD
ON FARM PASTURE.



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Natural Resources Wales

Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

Department of Natural Resources Wales

1 Return Period

Period name

3RD QUARTER

Year

2017

2 Operator and site details

Site Operator

MR ANDREW MORGAN + MR PETER MORGAN

Permit Number

GB 3439DE

Site Name

RACE FARM

If you need guidance in filling in this form please contact the Natural Resources Wales Helpline on 0300 065 3000.

When completed please email to:

waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered in this period

Cubic metres

Method of calculating void space

AA

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

2. Was a weighbridge used?

Yes/No

No.

Percentage weighed

%

5. Technician Competent Management

Scheme Type

Credited Certification Body

Certification number

Site of principal TCM

expiry date of Continuing Competency

No T.C.M. employed

3 Declaration

Please ensure you tick the appropriate boxes

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

David Davies

Name

DAVID DAVIES

Null return

Position

ENVIRONMENTAL CONSULTING

Phone number

07803032513

Date

20/6/22

Mandatory fields are highlighted

Optional fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Waste and MF Return Form Version 7.6

Version date: 16/12/2020

Official use only:

Date Received

Paper Return



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period

Period name:

Year

4th QUARTER

2017

2 Operator and site details

Site Operator:

MR ANDREW MORGAN & MR PETER MORGAN

Permit Number:

GB3439DE

Site Name:

RACE FARM

3 Waste and material management

3.1 Was a weighbridge used?

Yes/No

No.

Percentage weighed

%

3.2 Technically Competent Management

Scheme Type

Approved Certification Body

Certificate number

Site of principal TCM

expiry date of Continuing Competency

No TCM
employed

If you need guidance in filling in this form please contact the Natural Resources Wales Helpline on 0300 065 3000.

When completed please email to:

waste_returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the statutory return

Remaining void space covered by this permit

Cubic metres

Method of calculating void space

H4

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

4 Declaration

Please ensure you tick in the appropriate boxes

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

DA Davies

Name

DAVID DAVIES

Null return

Position

ENVIRONMENTAL CONSULTING

Phone number

07803032513

Date

20/6/22

Mandatory fields are highlighted

Optional fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Waste and MF Return Form Version 7.6

Version date: 16/12/2020

Official use only

Date Received

Paper Return

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT! PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAYEN BC 200201		GREEN WASTE				
2				DI/MATURE COMPOST SPREAD ON	N/A	GREEN WASTE	200
3				FARM PASTURE			
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

0



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period
 Period name: 1st QUARTER Year: 2018

2 Operator and site details
 Site Operator: Mr ANDREW MORGAN & Mr PETER MORGAN
 Permit Number: GB 3439 DE
 Site Name: RACE FARM

3 Waste Management Licence reference
 [Redacted]

3 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: [Redacted] %

5 Technically Competent Management
 Scheme Type: [Redacted]
 Accredited Certification Body: No T.C.M. EMPLOYED
 Certification number: [Redacted]
 Name of principal TCM: [Redacted]
 Expiry date of Constituting Competency: [Redacted]

Mandatory fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered in this period: [Redacted] Cubic metres
 Method of calculating void space: [Redacted]
 Date last surveyed or estimated (DD/MM/YYYY): [Redacted]

3 Declaration
 Please ensure you tick the declaration below
 I certify that the information in this return is correct to the best of my knowledge and belief
 Signature: [Signature]
 Name: DAVID DAVIES Null return: [Redacted]
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/6/22

Optional fields are highlighted

WASTE RECEIVED ON SITE

For more detailed information on how to use EWC and Disposal and Recovery Codes click on the column labels:

Running total

IMPORTANT - PLEASE ENSURE YOU START ENTERING DATA FROM LINE 1

Row	Local Authority Area Where Waste Arose	EWC Code	Description	Disposal or Recovery Code	Waste collection authority source	Biodegradable	Amount Tonnes
1	TORFAEN BC	260201	GREEN WASTE	D1 / MATURE COMPOST SPREAD OH	NR	GREEN WASTE	100
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

0



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Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period

Period name: 2ND QUARTER Year: 2018

2 Operator and site details

Site Operator: MR ANDREW MORGAN & MR PETER MORGHAN

Permit Number: GB3439DE

Site Name: RACE FARM

3 Environmental Management System

3 Was a weighbridge used?

Yes/No	<u>No.</u>
Percentage weighed	<u> </u> %

4 Technically Competent Management

Theme Type: NO TCM

Created Certification Body: EMPLOYEES

Certification number:

Name of principal TCM:

Expiry date of Continuing Competency:

Mandatory fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered in this permit: Cubic metres

Method of calculating void space:

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

4 Declaration

Please insert your signature in the declaration box

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

Name: DAVID DAVIES Null return:

Position: ENVIRESOURCE CONSULTING

Phone number: 07803022513 Date: 20/6/22

Optional fields are highlighted



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Waste & Material Facility Return

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1 Return Period
 Period name: 3rd QUARTER Year: 2018

2 Operator and site details
 Site Operator: MR ANDREW MORGAN, MR PETER MORGAN
 Permit Number: GB3439 DE
 Site Name: RACE FARM

3 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: 0 %

5 Technically Competent Management
 Scheme Type: No. T.C.M EMPLOYED
 Accredited Certification Body: EMPLOYED
 Certification number: EMPLOYED
 Name of principal TCM: EMPLOYED
 Expiry date of Continuing Competency: EMPLOYED

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: 0 Cubic metres
 Method of calculating void space: HA
 Date last surveyed or estimated (DD/MM/YYYY): HA

3 Declaration *Please ensure you fill in the Declaration table*
 I certify that the information in this return is correct to the best of my knowledge and belief.
 Signature: [Signature]
 Name: DAVID DAVIES
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 078032513
 Date: 20/6/22

Optional fields are highlighted



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1 Return Period

Period name: **4th QUARTER** Year: **2018**

2 Operator and site details

Site Operator: **MR ANDREW MORGAN - MR PETER MORGAN**

Permit Number: **GB 3439 DE**

Site Name: **RAGE FARM**

3 Waste management details

3 Was a weighbridge used?

Yes/No: **NO**

Percentage weighed: **0** %

5 Technically Competent Management

Scheme Type: **ADD TCM EMPLOYED**

Credited Certification Body: **ADD TCM EMPLOYED**

Certification number: **ADD TCM EMPLOYED**

Name of principal TCM: **ADD TCM EMPLOYED**

Expiry date of Continuing Competency: **ADD TCM EMPLOYED**

Mandatory fields are highlighted

5 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return.

Remaining void space covered by this permit: **[REDACTED]** Cubic metres

Method of calculating void space: **[REDACTED]**

Date last surveyed or estimated (DD/MM/YYYY): **[REDACTED]**

3 Declaration

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

[Signature]

Name: **DAVID DAVIES** Null return: **NIL**

Position: **ENVIRONMENTAL CONSULTING**

Phone number: **07803 032513**

Date: **20/6/22**

Optional fields are highlighted



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1 Return Period
 Period name: **1st QUARTER** Year: **2019**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN & MR PETER MORGAN**
 Permit Number: **GB3439DE**
 Site Name: **RACE FARM**

3. Was a weighbridge used?
 Yes/No: **No**
 Percentage weighed: **0** %

5 Technically Competent Management
 Scheme Type: **NA**
 Accredited Certification Body: **NA**
 Certification number: **NA**
 Name of principal TCM: **NA**
 Expiry date of Continuing Competency: **NA**

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0360 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: **NA** Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated (DD/MM/YY): **NA**

3 Declaration
 Please ensure you ID in the declaration below
 I certify that the information in this return is correct to the best of my knowledge and belief
 Signature: *[Signature]*
 Name: **DAVID DAVIES**
 Position: **ENVIRONMENTAL CONSULTANT**
 Phone number: **07803032513**
 Date: **20/6/22**
 Null return: **NIL**



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Waste & Material Facility Return

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1 Return Period
 Period name: **2ND QUARTER** Year: **2019**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN + MR PETER MORGAN**
 Permit Number: **GB3439DE**
 Site Name: **RACE FARM**

3 Waste management facilities

3 Was a weighbridge used?
 Yes/No: **NO**

5 Technically Competent Management
 Scheme Type: **NA**
 Accredited Certification Body: **NA**
 Certification number: **NA**
 Name of principal TCM: **NA**
 Expiry date of Continuing Competency: **NA**

Mandatory fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0360 665 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: **NA** Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated (DD/MM/YYYY): **NA**

3 Declaration *Please ensure you sign in the declaration below*
 I certify that the information in this return is correct to the best of my knowledge and belief
 Name: **DAVID DAVIES** Null return: **NIL**
 Position: **EMIRESOURCE CONSULTING**
 Phone number: **07803032513** Date: **20/6/22**

Optional fields are highlighted



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1 Return Period

Period name:

3RD QUARTER

Year

2019

2 Operator and site details

Site Operator:

MR ANDREW MORGAN & MR PETER MORGAN

Permit Number:

GB3439DE

Site Name:

RACE FARM

3 Was a weighbridge used?

Yes/No

No

Percentage weighed

%

5 Technically Competent Management

Scheme Type

Accredited Certification Body

Certification number

Name of principal TCM

Expiry date of Continuing Competency

NA

Mandatory fields are highlighted

6 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Optional fields are highlighted

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0360 065 3000.

When completed please email to:

waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit

Cubic metres

Method of calculating void space

NA

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

7 Declaration

Please ensure you fill in the declaration below

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

David Davies

Name

DAVID DAVIES

Position

ENVIRESOURCE CONSULTING

Phone number

07803032513

Null return

NIL

Date

20/6/22

Waste and MF Return Form Version 7.6

Version date: 16/12/2020

Official use only:

Date Received

Paper Return



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1 Return Period

Period name: **4th QUARTER** Year: **2019**

2 Operator and site details

Site Operator: **MR ANDREW MORGAN & MR PETER MORGAN**

Permit Number: **GB3439DE**

Site Name: **RACE FARM**

3 Waste management and continuing competency

3 Was a weighbridge used?
Yes/No: **No**

Percentage weighed: **NA** %

5 Technically Competent Management
Scheme Type: **NA**

accredited Certification Body: **NA**

certification number: **NA**

name of principal TCM: **NA**

expiry date of Continuing Competency: **NA**

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit: **NA** Cubic metres

Method of calculating void space: **NA**

Date last surveyed or estimated (DD/MM/YYYY): **NA**

3 Declaration

Please ensure you fill in the declaration below
I certify that the information in this return is correct to the best of my knowledge and belief

David Davies

Name: **DAVID DAVIES** Null return: **Nil**

Position: **ENVIRONMENTAL CONSULTING**

Phone number: **07803032513**

Date: **20/6/22**

Mandatory fields are highlighted

Optional fields are highlighted

6 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

Waste and MF Return Form Version 7.6

Version date: 16/12/2020

Official use only:

Date Received

Paper Return



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Waste & Material Facility Return

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1 Return Period
 Period name: 1ST QUARTER Year: 2020

2 Operator and site details
 Site Operator: MR ANDREW MORGAN + MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Was a weighbridge used?
 Yes/No: NO
 Percentage weighed: %
4 Technically Competent Management
 Scheme Type:
 Accredited Certification Body:
 Certification number: NA
 Name of principal TCM:
 Expiry date of Continuing Competency:

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0360 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered in this permit: Cubic metres
 Method of calculating void space:
 Date last surveyed or estimated (DD/MM/YYYY): NA

6 Declaration *Please ensure you tick in the appropriate boxes*
 I certify that the information in this return is correct to the best of my knowledge and belief.
 Signature: David Davies
 Name: DAVID DAVIES Null return: NIL
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/6/22

Optional fields are highlighted



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Waste & Material Facility Return

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1 Return Period
 Period name: **2ND QUARTER**
 Year: **2020**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN - MR IEFER MORGAN**
 Permit Number: **GB 3439DE**
 Site Name: **RAGE FARM**

3 Was a weighbridge used?
 Yes/No: **No**
 Percentage weighed: **0** %
 4 Technically Competent Management
 Theme Type: **NO TCM**
 Approved Certification Body: **EMPLOYED**
 Identification number: **EMPLOYED**
 Name of principal TCM: **EMPLOYED**
 Expiry date of Continuing Competency: **EMPLOYED**

If you need guidance on filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return.
 Remaining void space available in this period: **[Redacted]** Cubic metres
 Method of calculating void space: **[Redacted]**
 Date last surveyed or estimated: **NA**

5 Declaration
 Please ensure you tick in the declaration below
 I certify that the information in this return is correct to the best of my knowledge and belief
 Signature: **[Signature]**
 Name: **DAVID DAVIES**
 Position: **ENVIRONMENTAL CONSULTING**
 Phone number: **07803032513**
 Date: **20/6/22**
 Null return: **NIL**



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1 Return Period
 Period name: 3RD QUARTER Year: 2020

2 Operator and site details
 Site Operator: MR ANDREW MORGAN MR PETER MORGAN

Permit Number: GB 3439 DE

Site Name: RACE FARM

3 Waste management facility operation

3 Was a weighbridge used?
 Yes/No: NO
 Percentage weighed: %

5 Technically Competent Management
 Scheme Type:
 Accredited Certification Body:
 Certification number: NA
 Name of principal TCM:
 Expiry date of Continuing Competency:

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit: Cubic metres

Method of calculating void space:

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

3 Declaration *Please ensure you fill in the declaration below*

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

David Davies
 Name: DAVID DAVIES Null return: NIL
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/6/22

Mandatory fields are highlighted

Optional fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

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Return Period

Period name: 4th Quarter Year: 2020

Operator and site details

Operator: MR ANDREW MORGAN + MR PETER MORGAN

Permit Number: GB34391E

Site Name: RACE FARM

1. Waste management facility location

2. Was a weighbridge used?

Yes/No: No

Percentage weighed: %

3. Technically Competent Management

Home Type:

Credited Certification Body: NA

Certification number:

Name of principal TCM:

Expiry date of Continuing Competency:

Mandatory fields are highlighted:

4. Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit: Cubic metres

Method of calculating void space: NA

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

3. Declaration *Please ensure you fill in the declaration below*

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

[Signature]

Name: DAVID DAVIES Null return: NIL

Position: ENVIRONMENT CONSULTING

Phone number: 07803 032513 Date: 20/6/22

Optional fields are highlighted:

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1 Return Period
 Period name: 1st Quarter Year: 2021

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2 Operator and site details
 Site Operator: MR ANDREW MORGAN - MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit
 Cubic metres
 Method of calculating void space
 N/A
 Date last surveyed or estimated (DD/MM/YYYY)

2.2 Waste management facility/operation

2.3 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: %

2.5 Technically Competent Management
 Scheme Type:
 Accredited Certification Body:
 Certification number: N/A
 Name of principal TCM:
 Expiry date of Continuing Competency:

3 Declaration Please ensure you fill in the declaration below

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

[Signature]
 Name: DAVID DAVIES Null return: NIL
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/06/'22

Mandatory fields are highlighted

Optional fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.



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1 Return Period
 Period name: 2ND QUARTER Year: 2021

2 Operator and site details
 Site Operator: MR ANDREW MORGAN - MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Waste management facilities used

3 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: %

5 Technically Competent Management
 Scheme Type:
 Accredited Certification Body: NA
 Certification number:
 Name of principal TCM:
 Expiry date of Continuing Competency:

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: Cubic metres
 Method of calculating void space: NA
 Date last surveyed or estimated (DD/MM/YYYY):

3 Declaration *Please ensure you fill in the declaration below*
 I certify that the information in this return is correct to the best of my knowledge and belief.

 Name: DAVID DAVIES Null return: NIL
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/6/22

Mandatory fields are highlighted

Optional fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

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1 Return Period

Period name: 3rd QUARTER Year: 2021

2 Operator and site details

Site Operator: MR ANDREW MORGAN + MR PETER MORGAN

Permit Number: GBB439DE

Site Name: RACE FARM

3 Waste management facility information

3 Was a weighbridge used?

Yes/No: No

Percentage weighed: %

5 Technically Competent Management

Scheme Type:

Credited Certification Body:

Certification number: NA

Name of principal TCM:

Expiry date of Continuing Competency:

Mandatory fields are highlighted

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.

When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return

Remaining void space covered by this permit: Cubic metres

Method of calculating void space: NA

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

3 Declaration *Please ensure you fill in the declaration below*

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

[Signature]

Name: DAVID DAVIES Null return: NIL

Position: ENVIRONMENTAL CONSULTING

Phone number: 07803032513 Date: 20/6/22

Optional fields are highlighted

6 Disclosure and data protection

The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.



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1 Return Period
 Period name: 4TH QUARTER Year: 2021

2 Operator and site details
 Site Operator: MR ANDREW MORGAN & MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Waste management (for paper returns)

3 Was a weighbridge used?
 Yes/No: No
 Percentage weighed: %

5 Technically Competent Management
 Scheme Type:
 Accredited Certification Body:
 Certification number:
 Name of principal TCM:
 Expiry date of Continuing Competency:

Mandatory fields are highlighted

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: Cubic metres
 Method of calculating void space: NA
 Date last surveyed or estimated (DD/MM/YYYY):

3 Declaration *Please ensure you fill in the declaration below*
 I certify that the information in this return is correct to the best of my knowledge and belief.

 Name: DAVID DAVIES Null return: NIL
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513 Date: 20/6/22

Optional fields are highlighted



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1 Return Period
 Period name: 1ST QUARTER Year: 2022

2 Operator and site details
 See Operator: MR ANDREW MORGAN + MR PETER MORGAN
 Permit Number: GB3439DE
 Site Name: RACE FARM

3 Environmental Information

3 Was a weighbridge used?
 Yes/No: NO
 Percentage weighed: 0 %

5 Technically Competent Management
 Scheme Type: _____
 Issued Certification Body: N/A
 Certification number: _____
 Name of principal TCM: _____
 Expiry date of Continuing Competency: _____

Mandatory fields are highlighted

5 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Resilience team on 0360 065 3000.
 When completed please email to:
waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: _____ Cubic metres
 Method of calculating void space: _____
 Date last surveyed or estimated (DD/MM/YYYY): N/A

4 Declaration
 Please ensure you fill in the declaration below.
 I certify that the information in this return is correct to the best of my knowledge and belief.
 Signature: [Signature]
 Name: DAVID DAVIES
 Position: ENVIRONMENTAL CONSULTING
 Phone number: 07803032513
 Date: 20/6/22
 Null return: NIL

Optional fields are highlighted



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Wales**

Waste & Material Facility Return

The Environmental Permitting (England and Wales) Regulations 2016

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1 Return Period
 Period name: **2ND QUARTER** Year: **2022**

2 Operator and site details
 Site Operator: **MR ANDREW MORGAN v MR PETER MORGAN**
 Permit Number: **GB3439 DE**
 Site Name: **RACE FARM**

3 Waste Management Facility Information

3 Was a weighbridge used?
 Yes/No: **No**
 Percentage weighed: **0** %

5 Technically Competent Management
 Scheme Type: **NA**
 Accredited Certification Body: **NA**
 Certification number: **NA**
 Name of principal TCM: **NA**
 Expiry date of Continuing Competency: **NA**

Mandatory fields are highlighted

6 Disclosure and data protection
 The information you provide will be used by Natural Resources Wales to enable it to fulfil its regulatory and waste management planning responsibilities. For full information on how the data in this form will be used please see the waste return guidance notes.

If you need guidance in filling in this form please contact the Natural Resources Wales Returns team on 0300 065 3000.
 When completed please email to: waste.returns@naturalresourceswales.gov.uk

2.4 Landfill sites only this section must be completed by landfill sites in the January return
 Remaining void space covered by this permit: **NA** Cubic metres
 Method of calculating void space: **NA**
 Date last surveyed or estimated (DD/MM/YYYY): **NA**

3 Declaration *Please ensure you fill in the Declaration below*
 I certify that the information in this return is correct to the best of my knowledge and belief.

 Name: **DAVID DAVIES** Null return: **NIL**
 Position: **ENVIRONMENTAL CONSULTING**
 Phone number: **07803032513**
 Date: **20/06/22**

Optional fields are highlighted