

RECEIVED 14 JAN 2022

Waste tonnage return form Version: 1.3



Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales

Office use only

Date of issue (10/06/2019)

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 *

OCT - DEC 2021

Contact name for this return *

SUSANNE TREMBATH

Position *

SECRETARY

Contact tel. *

01443 439997

Contact email

rhondda.waste@yahoo.co.uk**2 Permit, operator and site details**

Permit No. *

WP3797ED

Site operator name *

CWM RHONDDA WASTE

Site name *

CWM RHONDDA WASTE

Site address *

ALBION Works ArthurSTREET WILLIAMSTOWNCF40 1NE**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

Postcode *

Type of

facility *

COMMERCIAL INO TRANSFER
Station

5 Technically Competent Management (TCM)

Scheme Type (CIWM/WAMITAB, EU Skills or N/A)

Wamitab

Accredited Certification Body (EU Skills Only)

Certification number (CIWM/WAMITAB or EU Skills)

5153939

Name of principal TCM (CIWM/WAMITAB only)

Susanne Trembath

Expiry date of Continuing Competency (CIWM/WAMITAB only)

7-1-2024

Now go to Sections 6 and 7 (Waste received and Waste removed).

8 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

MRS

First name

SUSANNE

Last name

TREMBATH

Position

TCM Secretary

Phone

01443 439997

Date (DD/MM/YYYY)

Signature

S. Trembath

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

9. 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.

7 Waste removed from site Continuation sheet

[illegible]

