

CSF 13/02/2023

Waste tonnage return form Version: 1.3

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**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 *

01/07/22 - 31/09/22

Contact name for this return *

HELEN SEIGNOT DARE

Position *

OFFICE MANAGER

Contact tel. *

07817884220

Contact email

kcdmetalsltd@btconnect.com

2 Permit, operator and site details

Permit No. *

AB/37972E

Site operator name *

PAUL DARE

Site name *

KCDK METALS LTD

Site address *

UNIT 1, EASTBANK RD
FELNEX INDUSTRIAL
NEWPORT

Postcode *

NP19 4PP

Type of facility *

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

%

5 Technically Competent Management (TCM)

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

Accredited Certification Body (EU Skills Only)

Certification number (CIWM/WAMITAB or EU Skills)

Name of principal TCM (CIWM/WAMITAB only)

Expiry date of Continuing Competency (CIWM/WAMITAB only)

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

HELEN

Last name

SEIGNOT-DARE

Position

OFFICE MANAGER

Phone

07817884220

Date (DD/MM/YYYY)

06/01/23

Signature



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.

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Return period *

01/10/22 - 31/12/22

Contact name for this return *

Helen Seignot-Dare

Position *

Office Manager

Contact tel. *

07817884220

Contact email

kdkmetals112@btconnect.com**2 Permit, operator and site details**

Permit No. *

AB/37972E

Site operator name *

Paul Dare

Site name *

KDK METALS LIMITED

Site address *

UNIT 1 EASTBANK ROADFELNEY INDUSTRIALNEWPORT

Postcode *

NP19 4PP

Type of facility *

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

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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**

_____%

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

I enclose ____ continuation sheets.

Title

First name

Last name

Position

Phone

Date (DD/MM/YYYY)

Signature

MRS
Helen
Seignot-Dare
Office Manager
01817884220
06/01/23

M. Dare

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