

Apply to deploy a mobile plant permit for treating waste to produce soil, soil substitutes and aggregates

Permit and contact details

Permit number under which this deployment is taking place

EPR/EB3403UE/V003

Contact details for this deployment

(This could be the operator or a person acting on behalf of the operator such as a consultant.)

Customer number (if applicable) -

Full name	Ian Burton
Organisation	John F Hunt Regeneration Ltd.
Position	Technical Manager
Address	Europa Park, London Road Grays Essex
Postcode	RM20 4DB
Email address	ian.burton@johnfhunt.co.uk
Contact phone number	07929071562

Technically competent manager

This is the person who will be responsible for compliance with the permit for this deployment. See the guidance notes for further details.

Title	Dr
First name	Ian
Last name	Burton
Telephone - mobile	07929071562
Telephone - office	01375 366700
Email address	ian.burton@johnfhunt.co.uk

Nominated competent person

Provide details of the NCP who will be the main contact for the deployment and who will report to the TCM. See the guidance notes for further details.

Title	Dr
First name	Ian
Last name	Burton
Telephone - mobile	07929071562
Telephone - office	01375 366700
Email address	ian.burton@johnfhunt.co.uk

About the land where the waste operation will be carried out

General address:

Address	Land at Shotton Steel Works Zone 4 Deeside Industrial Park Deeside
Postcode	CH5 2NH
12-figure grid reference	SJ 31228 70408

You must provide a location map outlining the area of land where the treatment will take place.

See the form guidance for information on what needs to be included in the location map

- File: Complete Drawings x 5.pdf - [Download](#)

Occupancy details

Are you the occupier of the land?

No

If no, please give the details of the land owner or main occupier (e.g. tenant)

Name Christopher Scholes
Organisation Knauf Insulation
Position Project Lead
Address Kemsley Fields Business Park
Iwade
Sittingbourne
Postcode ME9 8SR
Phone number 0800 521050
Email address christopher.scholes@knaufinsulation.co.uk

Do you have the occupant's consent to carry out the activity?

Yes

Deployment details

Is the site within 500m of a European Site, Ramsar or Site of Special Scientific Interest (SSSI)?

No - I am using the generic risk assessment for SR2010No11

Is the site within a groundwater source protection zone (SPZ) 1 or 2?

No - I am using the generic risk assessment for SR2010No11

Payment

How do you want to pay for your application fee?

Electronic transfer (e.g. BACS)

Paying by electronic transfer

Please provide your reference for the payment

BACS reference EPDEPJFHUN0003

Amount paid 1464

Supporting documents

Please upload the following: Location map (required for all deployments) Site specific risk assessment (required for all deployments within 500 metres of a European Site, Ramsar or SSSI or within a SPZ 1 or 2)

- File: Complete Drawings x 5.pdf - [Download](#)
- File: Narrative Logs and CSM.pdf - [Download](#)

Declaration

Are you signing the form on behalf of a relevant person?

If you are not a relevant person, but want to sign the application on their behalf, you must include confirmation that you can do this.

Yes

Please upload written confirmation here

- File: Email Authorisation - John F Hunt Regeneration - Ian Burton - Outlook.pdf - [Download](#)

Does your deployment application relate to a standard facility permit?

If your deployment application is being made in relation to a standard facility permit (SRP), you also need to confirm that you are able to meet all relevant criteria of the standard rule set/sets under which you are applying.

I confirm that my activity/activities will fully meet the rules of the permit I have applied under

If you knowingly or recklessly make a statement which is false or misleading to help you get an environmental permit (for yourself or another person), you are committing an offence under the Environmental Permitting (England and Wales) Regulations 2016.

I declare that the information in this application is true to the best of my knowledge and belief. I understand that this application may be refused or approval withdrawn if I give false or incomplete information.

I understand that if I knowingly or recklessly make a false or misleading statement: I may be prosecuted; and if convicted, I may have to pay a fine and/or go to prison. By signing below, you are confirming that you understand and agree with the declaration above.

Title	Dr
First name	Ian
Last name	Burton
On behalf of (if relevant)	Dr Sam Hall (Managing Director)
Today's date (DD/MM/YYYY)	22/05/2026

Add another signature?

No

