

Waste tonnage return form Version: 1.2



**Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales**

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 *

Q4 OCTOBER-DECEMBER

Contact name for this return *

LEE ELLIS

Position *

WASTE SUPERVISOR

Contact tel. *

07702 759532

Contact email

lee.ellis@amey.co.uk

2 Permit, operator and site details

Permit No. *

EP2/CB 3338 RB/A001

Site operator name *

AMEY HIGHWAY DEPT

Site name *

GAERWEN AMEY

Site address *

GAERWEN INDUSTRIAL ESTATE

GAERWEN

ANGLESEY

Postcode * LL60 6HR

Type of facility * MAINTENANCE

DEPOT RECYCLING

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

%

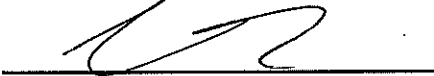
Now go to Sections 5 and 6 (Waste received and Waste removed).

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 1 continuation sheets

Title MR
First name LEE
Last name ELLIS
Position WASTE SUPERVISOR
Phone 07702 754532
Date (DD/MM/YYYY) 01-01-15
Signature 

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

[illegible]

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

[illegible]

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Cardiff
CF24 0TP**

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1 Return period and contact details

Return period *

Q3 JULY-SEPTEMBER 2014

Contact name for this return *

LEE ELLIS

Position *

WASTE SUPERVISOR

Contact tel. *

07702 759532

Contact email

lee.ellis@amcy.co.uk

2 Permit, operator and site details

Permit No. *

EP2 1GB 333886/A001

Site operator name *

AMEY Highway Dept

Site name *

GAELEN AMEY

Site address *

GAELEN INDUSTRIAL ESTATE

GAELEN

ANGLESY

Postcode * LL60 6HR

Type of facility * MAINTENANCE DEPOT

RECYCLING

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.

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Remaining void space covered by this permit

cubic metres.

Method of calculating void space

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

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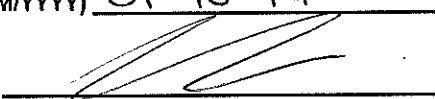
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7 Declaration

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

I enclose 1 continuation sheets

Title MR
First name LEE
Last name ELLIS
Position WASTE SUPERVISOR
Phone 07702 754532
Date (DD/MM/YYYY) 01-10-14
Signature 

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5 Waste received on site Continuation sheet

[illegible]

