

The Waste and Emissions Trading Act 2003

- Use this form to tell us the type and quantity of controlled waste you processed at each permitted facility within your site.
- Please read through the whole form and guidance notes before you start filling anything in.
- Please send the completed form back to us within 28 days of the end of return date at the address specified in the box above.

Now go to sections 3 and 4 on page 2.

3 Waste received on site

Please read the guidance notes 'How to fill in the form', and use the continuation sheet WMS3W provided, or a copy of it, if you need to. In the last column, D = final disposal, U = used on site, F = from another facility, for example a transfer station.

Origin	Description of waste	EWG code	Municipal source (Y/N)	Bio-degradable (Y/N)	State	Amount	Units	Pre-treatment	Additional information (D) (U) (F)
Shrewsbury	Wood	170201	No	No	Solid	12			☐ ☐ ☐
Shrewsbury	Wood	170201	No	No	Solid	11			☐ ☐ ☐
Bristol	Wood	170201	No	No	Solid	10			☐ ☐ ☐
Cardiff	Wood	170201	No	No	Solid	9			☐ ☐ ☐
Shrewsbury	Wood	170201	No	No	Solid	12			☐ ☐ ☐
Cardiff	Wood	170201	No	No	Solid	11			☐ ☐ ☐
Cardiff	Wood	170201	No	No	Solid	10			☐ ☐ ☐
									☐ ☐ ☐
									☐ ☐ ☐
									☐ ☐ ☐

Total weight in tonnes of material received on site **75.000** tonnes

4 Waste removed from site

Please read the guidance notes 'How to fill in the form', and use the continuation sheet WMS3W provided, or a copy of it, if you need to. In the last column, facility types could include incinerator, transfer station, landfill, treatment, reprocessing, recycling.

Destination	Description of waste	EWG code	Municipal source (Y/N)	State	Amount	Units	Destination facility type
Cardiff	Wood	170201	No	Solid	8		Landfill
Cardiff	Wood	170201	No	Solid	7		
Cardiff	Wood	170201	No	Solid	10		
Cardiff	Wood	170201	No	Solid	11		
Cardiff	Wood	170201	No	Solid	7		
Cardiff	Wood	170201	No	Solid	10		
Cardiff	Wood	170201	No	Solid	9		
Cardiff	Wood	170201	No	Solid	9		

Total weight in tonnes of material removed from site **71.000** tonnes

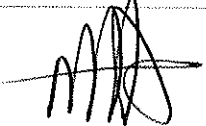
5 Declaration

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 ☐ WMS3W continuation sheets

Signature



Title **MR**

First name **M**

Last name **BARRETT**

Position

OWNER

Phone **01267281683**

Date (DD MM YYYY)

06/01/2015