09 JAN 2015 09 JA

Form WMS1W: Waste return (Wales)

Waste return (Wales)

Asiantaeth yr Amgylchedd Cymru
Environment Agency Wales

The Environmental Permitting (England and Wales) Regulations 2007
Landfill Allowance Scheme (Wales) Regulations 2004 List of Waste Regulations (Wales) 2005
The Waste and Emissions Trading Act 2003

For Environment Agency use only

Date received (DD MM YYYY)

Date processed (DD MM YYYY)

Local site licence number

EA/WML number or Permit number: 34093

Original reference: UP3498FE

- 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.

Disclosure and data protection

The information you provide will be used by the Environment Agency to enable it to fulfil its regulatory and waste management planning responsibilities.

For full information about how the data in this form will be used, please read the guidance notes that come with the form.

1 The period the return covers

1.1 The return period is *(tick only one)*

☐ Quarter

from OCT to DEC

☐ Year

2014

2 Operator and site details

2.1 Site operator

BARRETT TIMBER

Site name

BARRETT TIMBER

WML number/Permit number

TRN STN4

2 Operator and site details *continued*

Site address

ROCK AND FOUNTAIN QUARR
CYNWYL ELFED
CARMARTHEN

Postcode SA33 6AR

Contact details

Phone 01267281683

Fax 01267281597

Email

2.2 Type of facility

TRANSFER STATION

2.3 Was a weighbridge used?

No ☑

Yes ☐ *Please tell us the proportion weighed.*

percentage

2.4 Are you operating a landfill site?

No ☑ *Go to section 3 'Waste received on site' on page 2.*

Yes ☐

Landfill sites only *as at 31 March in the current year*

2.5 Give the remaining void space covered by the licence

cubic metres

2.6 Was the site fully surveyed before 31 March in the current year?

No ☐

Yes ☐ *Please tell us how the void space was calculated.*

Now go to question 2.8

2.7 How have you estimated the remaining void space?

For example visually or other method.

2.8 Remaining life of site

years

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	EWC 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	EWC code	Municipal source (Y/N)	State	Amount	Units	Destination facility type
Carmarthen	Wood	170201	No	Solid	8		C
Carmarthen	Wood	170201	No	Solid	7		C
Carmarthen	Wood	170201	No	Solid	10		C
Carmarthen	Wood	170201	No	Solid	11		C
Carmarthen	Wood	170201	No	Solid	7		C
Carmarthen	Wood	170201	No	Solid	10		C
Carmarthen	Wood	170201	No	Solid	9		C
Carmarthen	Wood	170201	No	Solid	9		C

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