

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 *

October - 7 December 2014.

Contact name for this return *

KEVIN BURKE

Position *

Manager

Contact tel. *

01656 805303

Contact email

info@swwr.co.uk

2 Permit, operator and site details

Permit No. *

EPRIKP3790VF

Site operator name *

KEVIN BURKE.

Site name *

South Wales Wood Recycling

Site address *

locks yard, heol llan.

Caerdydd

Bridgend

CF35 6BSU

Postcode *

Type of facility *

Transfer Station

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

100 %

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 _____ continuation sheets

Title MR
First name Kevin
Last name BURKE
Position Manager
Phone 01686 805303
Date (DD/MM/YYYY) 26/11/15
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

*Local Authority where the waste came from	*EWC waste code	*Description	*Disposal and recovery code	*Waste Collection Authority source?	*Bio-degradable ? (Y/N)	*Amount in tonnes
CARDIFF	20.01.58	CA Wood	R3	Y	Y	1532.50
NORTH GORT TALBOT	"	"	R3	"	"	538.72
HEATHYR	"	"	R3	"	"	310.82
MONMOUTH	"	"	R3	"	"	381.10
TOFFAERN	"	"	R3	"	"	363.86
ATHONA CROWN TAFF	"	"	R3	"	"	1136.74
POWYS	"	"	R3	"	"	130.30
BRIKEND	"	"	R3	"	"	690.36
NORTH SOMERSET	"	"	R1	"	"	1350.12
TANWTON	"	"	R1	"	"	759.04
SWANSEA	"	"	R3	"	"	116.62
BREIDEND	17.02.01	Card Wood.	R3	"	"	211.60
CARDIFF	"	"	R3	NO	"	1934.91
NEWPORT	"	"	R3	NO	"	466.27
SWANSEA	"	"	R3	"	"	149.10
ATHONA CROWN TAFF	"	"	R3	"	"	29.99
SEISTOL	"	"	R3	"	"	2470.36
NORTH GORT TALBOT	"	"	R3	"	"	662.24
GLoucester.	"	"	R3	"	"	1535.13
CARDIFF	17.02.03	PLASTIC (IARE)	R5	Y	N	68.85
CARDIFF	17.08.02	PLASTERBOARD	R5	Y	N	54.54

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Return period *

October - December 2014

Contact name for this return *

KEVIN BURKE

Position *

MANAGER

Contact tel. *

01656 865303

Contact email

info@SWWR.CO.UK

2 Permit, operator and site details

Permit No. *

EALML 100047

Site operator name *

Kevin Burke

Site name *

South Wales Wood Recycling

Site address *

Locks Yard, Heol Llôn
Coily, Bridgend

Postcode *

CF35 6BU

Type of facility *

Transfer Station

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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(Complete this if your answer to 4 was No)

Yes ☒
No ☐

If yes, give percentage weighed

100 %

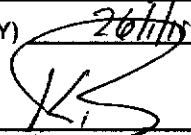
Now go to Sections 5 and 6 (Waste received and Waste removed).

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 _____ continuation sheets

Title MR
First name KEVIN
Last name BURCE
Position Manager
Phone 01656 865703
Date (DD/MM/YYYY) 26/11/14
Signature 

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