

24 DEC 2014

Waste return (Wales)



Asiantaeth yr
Amgylchedd Cymru
Environment
Agency Wales

SHEFFIELD

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)

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Local site licence number

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EA/WML number or Permit number

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Original reference

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National Operator Returns Team
Environment Agency
Quadrant Two
99 Parkway Avenue
Parkway Business Park
Sheffield
S9 4WF

- 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 July 14 to SEPT 14

Year

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2 Operator and site details

2.1 Site operator

<u>FORE GOLF LTD</u>

Site name

<u>FORE GOLF WREXHAM</u>

WML number/Permit number

<u>102195</u>

2 Operator and site details continued

Site address

<u>FORE GOLF</u>
<u>WAY WOLF RD</u>
<u>WAY</u>
<u>WREXHAM</u>
Postcode

Contact details

Phone	<u>01294 881800</u>
Fax	
Email	<u>info@forego1faiscpunt.com</u>

2.2 Type of facility

<u>SR 2010</u>

2.3 Was a weighbridge used?

No

Yes Please tell us the proportion weighed.

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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

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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.

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Now go to question 2.8

2.7 How have you estimated the remaining void space?

For example visually or other method.

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2.8 Remaining life of site

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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)
FLINTSHIRE	INERT	70504			SOLID	6496	TONS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		170102			SOLID	304			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		170107			SOLID	1184			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		170101			SOLID	98			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total weight in tonnes of material received on site 8032. 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

Total weight in tonnes of material removed from site 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 STEVEN

Last name ANDREW

Position DIRECTOR

Phone 01244 881800

Date (DD MM YYYY)

01/10/2014