



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 *

When completed please post to: Natural Resources Wales Customer Care Centre 29 Newport Rd Cardiff CF24 0TP

Your return must be submitted within the following period: After: and before: Failure to comply with these dates may result in enforcement.

Please contact 0300 065 3000 if you have any queries.

1 Return period and contact details

Return period * JULY - AUG - SEPT 2015

Contact name for this return * JULIE CHADWICK

Position * OFFICE ADMIN

Contact tel. * 01244 660610

Contact email Julie@chadwickscarbreakers.co.uk

2 Permit, operator and site details

Permit No. * 101513 EPR-EP3398VE

Site operator name * CHADWICK CAR BREAKERS

Site name * CHADWICK CAR BREAKERS

Site address * BROUGHTON MILLS ROAD BRETTON CHESTER

Postcode * CH4 0BY

Type of facility * ELV

2 Permit, operator and site details, continued

Are you operating a landfill? *

Yes [] No [x]

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 [x]

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 [x]

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 0 continuation sheets

Title MRS
First name JULIE
Last name CHADWICK
Position OFFICE ADMIN
Phone 01244 660610
Date (DD/MM/YYYY) 06/10/2015

Signature J Chadwick

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.

