

Waste tonnage return form Version: 1.2



**Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales**

07 APR 2015

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 * JAN - FEB - MARCH 2015.
Contact name for this return * REGINAID RODRICK.
Position * OWNER
Contact tel. * 01633-259902.
Contact email AISKILS@LIVE.CO.UK

2 Permit, operator and site details

Permit No. * EAWML30298.
Site operator name * AISKILS
Site name * AS. ABOVE
Site address * WESTWAY HO.
NEWPORT DOCK.
Postcode * NP20 2UW.
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 _____ %

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

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)
									<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"/>
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									<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 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
Newport Tip	Masonry	200511	Sch		100		1
Newport Tip	DEMOLITION	170107	Sch		40		
Newport Tip	WOOD	150103	Sch		65		

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 WMS3 continuation sheets

Signature



Title	MR
First name	ROBERT
Last name	RODNEY
Position	
Phone	01633 259902
Date (DD/MM/YYYY)	<input type="text"/>

