

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)
<input type="text"/>	<input type="text"/>
Local site licence number	EA/WML number or Permit number
<input type="text"/>	<input type="text"/>
Original reference	
<input type="text"/>	

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 to

Year

2 Operator and site details

2.1 Site operator

Site name

WML number/Permit number

2 Operator and site details *continued*

Site address

Postcode

Contact details

Phone

Fax

Email

2.2 Type of facility

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)
									<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"/>
									<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

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	<input type="text"/>
First name	<input type="text"/>
Last name	<input type="text"/>
Position	<input type="text"/>
Phone	<input type="text"/>
Date (DD MM YYYY)	<input type="text"/>