

**Part 1 - The Applicant**

<b>1.1 Authorised contact</b> (see note 2)		
Full name, surname first then all forenames	SAMUELS CHARLES LEONARD HERTZOG	
Position	OWNER	
Business address	ATLAS WORDS	
	DORSET ST. ST HERBERT	
	Postcode	JEZ 3YH
Telephone number	723051	
Fax number	619057	
e-mail address	/	

<b>1.2 Is the applicant:</b>	tick	
An individual/sole trader	<input checked="" type="checkbox"/>	complete section 1.3 then go to part 2
A partnership	<input type="checkbox"/>	complete sections 1.4 & 1.5 then go to part 2
A limited company	<input type="checkbox"/>	complete sections 1.6 & 1.7 then go to part 2
A Department of the States of Jersey, other than under the Planning and Environment Minister	<input type="checkbox"/>	complete section 1.8 then go to part 2
Other (please detail)	<input type="checkbox"/>	

<b>1.3 Individual applicant - please provide the following information:</b>	
Full name, surname first then all forenames	SAMUELS CHARLES LEONARD HERTZOG
"Trading as" or business name	ATLAS WORDS
Any former "trading as" or business names	NONE

<b>1.4 Partnership - please provide the following information:</b> (see note 3)		
Name of partnership (if there is one)		
Business address		
	Postcode	
Telephone number	/	
Fax number	/	
e-mail address	/	

<b>1.5 Partnership (continued) - please provide the following information for each partner:</b>		
<b>Partner</b>		
Full name, surname first then all forenames		
Business address		
	Postcode	
<b>Partner</b>		
Full name, surname first then all forenames		
Business address		
	Postcode	
<b>Partner</b>		
Full name, surname first then all forenames		
Business address		
	Postcode	

<b>1.6 Companies registered under Companies (Jersey) Law 1991 please give:</b>		
Company name		
Company registration number		
Address of registered office		
	Postcode	
Address of main office (if different)		
	Postcode	
Date of formation of company		
Telephone number of company		
Fax number of company		

**1.7 Companies (continued) - please provide the following for the Company Secretary and each Director or similar officer:**

<b>Officer</b>		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	
<b>Officer</b>		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	
<b>Officer</b>		
Full name, surname first then all forenames		
Position held within the company		
Full correspondence address		
	Postcode	

**1.8 Department of the States of Jersey**

Name of Minister		
Full name of Department		
Contact Name		
Contact address		
	Postcode	
Telephone number		
Fax number		
e-mail address		

**Part 2 - The Site**

<b>2.1 Site name and location - your application must also include a site plan showing, outlined in red, the area of land this application relates to (see note 4).</b>	
Site name (if applicable)	ATLAS WORKS
Full site address	DORSET LANE ST LEONARD
	Postcode JER 3YH
Ordnance Survey National Grid Reference	
What is the site currently used for?	SCRAP METAL BUSINESS

<b>2.2 Occupancy of the site</b>	
Is the applicant the owner of the land this application relates to?	Yes <input checked="" type="checkbox"/> go to section 2.3 No <input type="checkbox"/> go to section 2.4

<b>2.3 Proof of ownership</b>	
Please detail what proof of ownership you have provided with this application.	COMPULSORY PURCHASE PRESSED IN ROYAL COURT 2/4/1976

<b>2.4 Landowner's written undertaking (see note 5)</b>	
Have you included with this application a written undertaking from the landowner as required by Article 26(3)?	Yes <input checked="" type="checkbox"/> go to section 2.5 No <input type="checkbox"/> this application will be refused

<b>2.5 Planning status of the site (see note 6)</b>	
Does the site have a suitable planning permission for the activities applied for?	Yes <input type="checkbox"/> include copy with application No <input checked="" type="checkbox"/> go to section 2.6
Planning permission reference number	HAS BEEN ON SITE
Date granted	PRE - 1968

<b>2.6 Lawful use of the site</b>	
Please detail what, in the absence of a planning permission, allows the lawful use of the site for the activities applied for.	
BUSINESS HAS BEEN ON THIS SITE SINCE PRE-1968.	

**Part 3 - Waste Management Activities**

<b>3.1</b> What will be the main waste management activity carried out at the site? (see note 7) <i>Please tick one box only</i>	
Landfill	<input type="checkbox"/>
Transfer station	<input checked="" type="checkbox"/>
Incinerator	<input type="checkbox"/>
Storage at site other than that of production	<input type="checkbox"/>
Biological treatment	<input type="checkbox"/> <i>please specify process below</i>
Chemical treatment	<input type="checkbox"/> <i>please specify process below</i>
Physical treatment	<input checked="" type="checkbox"/> <i>please specify process below</i>
<b>PACKING/SORTING FOR EXPORT.</b>	
Other	<input type="checkbox"/> <i>please give details below</i>

<b>3.2</b> Other waste management activities (see note 8)	
Please summarise the other waste management activities to be carried out at the site (e.g. baling, sorting, screening, leachate treatment)	<b>BALING + SORTING OF METALS FOR EXPORT</b>

<b>3.3</b> Other regulatory controls	
Are any of the activities referred to in your answers to 3.1 & 3.2 subject to any other regulatory controls (e.g. discharge permit under the Water Pollution [Jersey] Law 2000)?	Yes <input type="checkbox"/> <i>please give details below</i> No <input type="checkbox"/>

**3.4 What are the types and quantities of wastes the site will manage? (see note 9)**

Waste type	Physical form <i>Delete as appropriate</i>	Tonnes per day	Tonnes per year
Municipal	solid/sludge/liquid/powder/gas		
Hazardous	solid/sludge/liquid/powder/gas	500 kgs	150 APPROX
Health care	solid/sludge/liquid/powder/gas		
Scrap metal	solid/sludge/liquid/powder/gas	1-2 tonnes	500 tonnes
Construction/demolition	solid/sludge/liquid/powder/gas		APPROX.
Other <i>please specify</i>			
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
	solid/sludge/liquid/powder/gas		
<b>Total</b>			
<b>Annual total (if different to combined totals)(see note 10)</b>			

**3.5 Hazardous wastes (see note 11)**

Does the applicant intend to accept hazardous wastes at the site? Yes  *please give details below*  
No  *go to Part 4*

Waste type	Hazard code H1 - H13	Physical form <i>Delete as appropriate</i>	Tonnes per day	Tonnes per week
		solid sludge liquid/powder/gas		
<del>WASTE</del>		solid sludge liquid/powder/gas		
<del>WASTE</del>		solid sludge liquid/powder/gas	500 kgs	4000 kgs
		solid sludge liquid/powder/gas		
		solid sludge liquid/powder/gas		
		solid sludge liquid/powder/gas		
		solid sludge liquid/powder/gas		
		solid sludge liquid/powder/gas		
		solid sludge liquid/powder/gas		
<b>Total</b>				
<b>Annual total (if different to combined totals)(see note 10)</b>			APPROX	200 tonnes

### Part 4 - Site Operations

4.1 Capacity of the site	
What type of site is being applied for?	<input type="checkbox"/> Landfill site <i>go to section 4.2 then 4.5</i> <input type="checkbox"/> Incinerator <i>go to section 4.3 then 4.5</i> <input type="checkbox"/> Treatment plant <i>go to section 4.3 then 4.5</i> <input checked="" type="checkbox"/> Transfer station <i>go to section 4.4 then 4.5</i> <input type="checkbox"/> Other <i>go to section 4.4 then 4.5</i>

4.2 Landfill capacity (see note 12)	
Total void space	cubic metres
Total area for landfilling of wastes	vergees

4.3 Incinerator/treatment plant capacities	
Maximum theoretical design throughput	tonnes per hour
Proposed actual throughput (if different from above)	tonnes per hour
Storage capacity for wastes prior to treatment / incineration (both tonnes and cubic metres)	tonnes
	cubic metres
Storage capacity for post treatment / incineration residues (e.g. ash) (both tonnes and cubic metres)	tonnes
	cubic metres

4.4 Transfer station/other capacities	
Municipal waste storage capacities  (both tonnes and cubic metres for solids, please state units used for liquids or gases)	tonnes
	cubic metres
	units:
Hazardous waste storage capacities  (both tonnes and cubic metres for solids, please state units used for liquids or gases)	25 tonnes
	cubic metres
	units:
Health care waste storage capacities  (both tonnes and cubic metres for solids, please state units used for liquids or gases)	tonnes
	cubic metres
	units:
Construction demolition waste storage capacities  (both tonnes and cubic metres)	tonnes
	cubic metres
	units:
Scrap metal storage capacities  (both tonnes and cubic metres)	10-15 tonnes <sup>per</sup> week
	70-80 cubic metres

**4.5 Operational status**

Is the application site:

<input checked="" type="checkbox"/>	Existing site	go to section 4.6 then 4.8
<input type="checkbox"/>	A new facility	go to section 4.7 then 4.8

**4.6 Existing sites (see note 13)**

Date waste management activities began

Estimated remaining active life (where appropriate)

	PRE-1968	
	APPROX 20 YEARS	years

**4.7 New facilities**

Proposed start date for work at the site

Estimated active life (where appropriate)

		years

**4.8 Operating hours**

Hours permitted under planning law (if applicable).	Days	From	To
<i>Use 24 hour clock</i>	Monday to Friday	8-00	1800
	Saturday	8-00	1300
	Sunday	/	/
	Bank/public holidays	/	/
Hours open for receipt/removal of waste (if different from permitted hours)	Days	From	To
<i>Use 24 hour clock</i>	Monday to Friday	:	:
	Saturday	:	:
	Sunday	AS ABOVE	
	Bank/public holidays	:	:
Hours open for processing/handling of waste (if different from permitted hours)	Days	From	To
<i>Use 24 hour clock</i>	Monday to Friday	:	:
	Saturday	:	:
	Sunday	AS ABOVE	
	Bank/public holidays	:	:



**Part 5 - "Fitness" of Applicant**

**5.1 "Fitness"**

A waste management licence may be granted to a person only if the Planning and Environment Minister is satisfied that he is fit to carry on the activity to which it relates. There are three factors to take into account:

1. Financial security
2. Technical resources
3. Relevant convictions for offences

**5.2 Financial security (see note 14)**

Please describe below how you intend to demonstrate that you have sufficient financial resources to meet the terms and conditions of the waste management licence (use separate sheets if necessary). You should include an expenditure plan for the site with this application.

*TRAINING ATLAS WOODS*

*PRE-1970 WASTE NOT LATE EXTRACT*  
*SINCE 1970 SOME OCCURRED / TRAINING*  
*GOOD WOODS RECREATION*  
*WILL NOT HAVE TRAINING IN*  
*THE U.K.*

**5.3 Technical resources (see note 15)**

Please give the following details for each person who will be responsible for managing the site. For each person named below we require a statement of qualifying experience and we may also want to carry out our own assessment.

Full name	<i>FATHEZ / SCOT</i>	<i>WOODS RECREATION</i>
Position	<i>OWNER</i>	
Name of referee on statement of qualifying experience		<i>1. PHE MOTTEE % JERSEY PAPER &amp; WOODPAPER LTD</i>
Full name	<i>CAROL COPPARD</i>	<i>CAROL COPPARD (SON)</i>
Position	<i>EMPLOYEE</i>	
Name of referee on statement of qualifying experience		<i>1. PHE MOTTEE % JERSEY PAPER &amp; WOODPAPER LTD</i>
Full name		
Position		
Name of referee on statement of qualifying experience		1. 2.

**5.4 Relevant convictions for offences (see notes 16 & 17)**

Has the applicant or any relevant person been convicted of any offence?

Yes

*provide details below*

No

*go to Part 6*

**Please give full details of each offence below. Continue on a separate sheet if necessary.**

Full name of company or individual convicted

Position held within company (if relevant)

Date of conviction

Name of court

Offence and penalty imposed

Full name of company or individual convicted

Position held within company (if relevant)

Date of conviction

Name of court

Offence and penalty imposed

Additional information on any offences detailed (for example, any appeals lodged, why the offence occurred, what actions have been taken to prevent further such offences in the future).

### Part 6 - Completion of Application

<b>6.1 Checklist - please tick to confirm inclusion of the following documents (see note 18)</b>		
Document	No. of copies	Included?
Completed application form	6	<input checked="" type="checkbox"/>
Continuation sheets - numbered and cross referenced to the section they apply to and signed and dated by the applicant	6	<input checked="" type="checkbox"/>
Company registration or partnership documents	1	<input checked="" type="checkbox"/>
Site location plan	6	<input checked="" type="checkbox"/>
Evidence of land ownership or written undertaking from site owner	1	<input checked="" type="checkbox"/>
Copy of planning permission	1	<input checked="" type="checkbox"/>
Financial information, including site expenditure plan	1	<input checked="" type="checkbox"/>
Statement(s) of qualifying experience	1 of each	<input checked="" type="checkbox"/>
Working plan, including: <ul style="list-style-type: none"> <li>• a written statement</li> <li>• plans</li> <li>• detail drawings with a full contents list of plan titles, dates and unique plan drawing reference numbers</li> </ul> <i>(see "Guidance Notes on the New Waste Management Licensing System", Chapter 5)</i>	6	<input type="checkbox"/>
Letter requesting commercial confidentiality	1	<input checked="" type="checkbox"/>

<b>6.2 Other relevant documents included with this application</b>	
Document	
Title	
Date	
Reference number	
Document	
Title	
Date	
Reference number	
Document	
Title	
Date	
Reference number	

**Part 7 - Declaration**

**Any person who, in support of an application made for a Waste Management Licence, knowingly or recklessly makes a statement that is false or misleading in a material particular commits an offence under Article 100 of the Waste Management (Jersey) Law 2005 and is liable to imprisonment for a term not exceeding two years or to a fine, or both.**

I/~~we~~ certify that this information is correct.

I/~~we~~ hereby apply for a waste management licence in respect of the particulars described in this application (including working plan and supporting documentation) (see note 20)

<b>Signature(s)</b>	
Please note that applicants must sign the declaration themselves, even if an agent is acting on their behalf. An unsigned or incorrectly signed application will not be accepted. For applications from	
<ul style="list-style-type: none"> <li>• more than one person - all applicants must sign below</li> <li>• a company or other corporate body - an authorised person should sign below.</li> </ul>	
Signature	
Name	CHRISTOPHER LEONARD GAYLOR
Position	Director
Date	17/5/10
Signature	
Name	
Position	
Date	
Signature	
Name	
Position	
Date	

JW1.001 v 3.1, 4 August 2006