



LISBURN CITY COUNCIL WASTE DISPOSAL LICENCE

APPLICATION FORM

Pollution Control & Local Government (NI) Order 1978

To the applicant:

Please read these notes, and the attached guidance before you fill in the form

1. You should consider carefully the answers you give on this form. They may become part of the Waste Disposal Licence: it is a legally binding document. At the end of the form you are asked to sign a declaration that the details contained within your application are accurate and correct.

If you encounter difficulties with the form, please get in touch with Ricky Burnett on telephone number: 028 9250 9250.

2. Please use typed text if possible. If not, handwriting is acceptable: it will probably be clearer if you use CAPITALS throughout. Please complete the form in black ink: it will be photocopied.
3. If the information will not fit in a box, write it on a separate piece of paper: number the paper and attach it at the back of this form. Mark the box **See paper (number)**.
4. Sending an incomplete form, or not sending essential documents, will simply delay the processing of the application. The licence application should be accompanied by copies of the planning permission, any site assessment reports, site location and layout plans, and most importantly, a working plan detailing how the operations are to be conducted. A check-list of the essential documents is section 18 of the form.
5. Waste management facilities cover a wide range of activities. We may require additional information.
6. Plans and drawings convey essential information. If your plans and drawings are poorly prepared, they may prejudice the success of your application or cause misunderstandings in the management of the site's operations. Please ensure that the plans and drawings are prepared to an adequate professional standard.

Completed Form should be sent to:

Lisburn City Council
Environmental Services Department
Technical Services
Island Civic Centre
The Island
Lisburn BT27 4RL

1 **APPLICANT**

Please give the name and address of the person in whose name the licence will be issued.

| | | |
|----------|-----------|-----|
| | | |
| | | |
| | | |
| Postcode | Telephone | Fax |

If the applicant is a company, please complete the next box. *If not, please go to section 2.*

| | | |
|--|---------------------|-----|
| Company Title | Registration Number | |
| Registered Office | | |
| Director(s) | | |
| Status of company (plc/Ltd/trading name/partnership/other) | | |
| Company Secretary | | |
| Contact (name) | Telephone | Fax |

2 **LOCATION**

Please give the address or location of the site in sufficient detail for it to be readily identified.

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

and the 10-character National Grid reference for the site entrance.

| | |
|--|--|
| | |
|--|--|

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| | | | |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

If the site has more than one, please give the reference of the main entrance.

3 AGENT

If you are dealing with the licence application as an agent of the applicant, please enter your name, address and telephone and fax numbers in this box. *Otherwise, please go to section 4.*

| | | |
|----------|-----------|-----|
| | | |
| | | |
| Postcode | Telephone | Fax |

4 LAND OWNERSHIP

Does the applicant own the land on which the waste management facility is to be built ? **YES/NO**

If YES, *please go to section 5.* If NO, *please indicate in this box the name and address of the landowner and the applicant's entitlement to use the land.* Please mention if the applicant has joint or partial ownership.

| |
|---|
| Name and address of landowner |
| Applicant's entitlement to use the land |

5 OPERATOR

Will the applicant operate the site ? **YES/NO**

If YES, *please go to section 6.* If NO, please enter in this box the name, address and telephone and fax numbers of the person or organisation who will operate the site. If it is an organisation, please include the name of a suitable contact.

| | | |
|---------------------|---------------|-----|
| | | |
| | | |
| Postcode | Telephone | Fax |
| Contact | | |
| Contact's Telephone | Contact's Fax | |

6(i) **PLANNING STATUS**

A new waste disposal site needs valid planning permission from the Planning Service. Lisburn City Council cannot grant a Waste Disposal Licence for a new site until the site has the appropriate planning permission.

An existing waste management site may, or may not, need planning permission.

Please complete the box to show the planning status of the site. *If the applicant does not know the facts needed for this box, the Planning Service should be able to assist.*

| PLANNING STATUS | Tick | * Documents enclosed (tick) |
|--|-------------|------------------------------------|
| A - Planning permission not yet applied for | | |
| B - Planning permission applied for | | |
| C - Planning permission granted | | |
| D - Established Use Certificate (EUC) | | |
| E - Certificate of Lawful Use (CLU) | | |
| F - Planning permission not required | | |

6(ii) **WATER ACT STATUS**

The situation with Water Act consent is similar to Planning Permission. Current Status of the facility under Water Act (NI) 1972 is:

| PLANNING STATUS | Tick | *Documents enclosed (tick) |
|--|-------------|-----------------------------------|
| A - Consent applied for: | | |
| B - Consent granted: (Copy attached) | | |
| C - No Consent required: (DOE letter attached) | | |

7

TYPE OF SITE

Nature of the proposed facility ? *Please tick the box(es) that apply.*

Landfill

Facility for the keeping and treating of controlled waste (eg transfer station)

Incinerator

Treatment Plant (including biological or physico/chemical)

Facility for the keeping of controlled waste (eg storage site)

Other - please specify in box below

8

PROPOSED ACTIVITIES

Please indicate with a tick, the proposed activities to be undertaken at the site

| Activity | | Please tick the appropriate box(es) |
|-------------------------------|--------------------------|-------------------------------------|
| Treatment | a. For recycling | |
| | b. For any other purpose | |
| Keeping | a. For recycling | |
| | b. For any other purpose | |
| Disposal | | |
| Other (please specify) | | |

9

SITE CAPACITY

For landfill sites, please state the calculated void space in cubic metres based on survey information and the maximum amount of waste expected to be deposited per year. For transfer stations, incinerators, treatment plant or storage facilities, please state the waste storage capacity on site and the annual design throughput of the site.

| | |
|---|---|
| Landfill | Void capacity cu metres |
| | Maximum amount of waste.....tonnes/year |
| (*)Transfer Station Incinerator Treatment Plant Keeping Facility Other..... | Storage Capacity..... cu metres |
| | Design Throughput.....tonnes/year |

* delete where appropriate

10

LIFE OF SITE

Estimate of the useful life or the remaining useful life of the facility

.....Years

11

STARTING DATE

Date use of the facility commenced or is expected to commence

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

12

FUTURE USE

Please state the proposed final use of the site and the likely commencement date for such use. (where no decision has been taken on the final use of the site, this should be stated).

.....

.....

.....

13 SITE INFORMATION

Have any of the following works or investigations been carried out ?
(tick the appropriate box)

| | Yes | No |
|--|--------------------------|--------------------------|
| Environmental Assessment (for planning permission purposes) | <input type="checkbox"/> | <input type="checkbox"/> |
| Geological Assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| Hydrogeological Assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas Assessment | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please submit a copy of the appropriate report with your application.

14a WASTE TYPES AND QUANTITIES (Except those mentioned in 19a)

Enter in the table below, the types and maximum quantities of waste it is intended to receive at the facility
 (expressed as tonnes)

| WASTE TYPE | DAILY | ANNUALLY |
|---------------|-------|----------|
| Household | | |
| Commercial | | |
| Industrial | | |
| Inactive | | |
| TOTALS | | |

NOTES

1. For the purposes of this application, inactive waste means uncontaminated soil, sub-soil, brick, stone and concrete rubble.
2. Please elaborate on the types of waste intended to be received at the facility with a description of such in the working plan.

14b SPECIAL/DIFFICULT WASTE*

Is it intended to handle or accept any Special Waste at the facility ? (*Delete as appropriate*) **YES/NO**

If it is proposed to handle any special and/or difficult wastes, please give details below of types and maximum quantities in tonnes per day: (*Use separate sheet if necessary*)

* the term 'difficult waste' has no statutory definition but for the purposes of this application it covers a range of controlled wastes, the handling or disposal of which calls for special procedures, either because of their hazardous nature or physical characteristics.

| TYPE OF WASTE | LIQUIDS | SLUDGES | SOLIDS |
|----------------------|----------------|----------------|---------------|
| | | | |

14c DEALING WITH LIQUID/SLUDGE WASTE

Do any of the operations to be carried out at the site result in the storage, treatment or deposit of any liquid/sludge ? **YES/NO**

If YES, please give full details in the working plan

14d DEALING WITH ASBESTOS

Will any waste accepted at the site be likely to contain asbestos ? **YES/NO**

If YES, please give full details in the working plan. If asbestos is to be kept at the site, please include in the working plan the details of the storage arrangements eg specification and location of lockable container.

15 VEHICLE DELIVERIES

Please estimate the numbers of vehicles which will deliver waste to the site in any 24 hours to midnight:

| Vehicles in 24 hours | |
|----------------------|----------------|
| Maximum Number | Typical Number |
| | |

16 THROUGHPUT

Please state, in tonnes, the maximum quantity of waste that the site will accept in any year (taking a year as the 12 months 1st April to 31st March):

| |
|-------------|
| tonnes/year |
|-------------|

17a OPERATING HOURS (GENERAL)

Please state the proposed hours of operation of the site (using the 24-hour clock):

| | FROM | TO |
|------------------|------|----|
| Monday to Friday | | |
| Saturday | | |
| Sunday | | |
| Public Holidays | | |

If the operating hours permitted by any planning permission are different to those shown above, please detail:

17b OPERATING HOURS (DELIVERIES)

If the site will accept deliveries outside the general operating hours which you wrote in 22a above, please state the proposed hours for accepting deliveries at the site:

| | FROM | TO |
|------------------|------|----|
| Monday to Friday | | |
| Saturday | | |
| Sunday | | |
| Public Holidays | | |

18 DOCUMENTS

On a separate sheet of paper, please list all the plans and other documents you are sending with this application; then attach the sheet at the back of the application. Please number the documents serially from 1 as indicated below.

A - Please lay out the list like this:

| Serial if used | Your reference on the document | Date of the document | Is the document an original ? Y/N | Type of Document |
|----------------|--------------------------------|----------------------|-----------------------------------|------------------------------|
| 1 | DC 49 | 29/3/94 | N | Grant of planning permission |
| | | | | |

B - Please ensure that you have included all relevant details, including copies of the following:

- Planning Permission
- Water Consent
- Location Plan
- Layout Plan
- Site Assessment Report (s)
- Working Plan

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DECLARATIONS

Please read notes 1 and 2 before signing a declaration.

Note 1 a. If you are the **intending licence holder** please

fill in **Declaration A**

leave Declaration B blank, and

go to section 25 and complete it.

 b. If you are an **agent** for the intending licence holder, please

fill in **Declaration A**

get **your client** to fill in Declaration B

go to section 25, and complete it on your client’s behalf

Note 2 **Offences:** if, in this application, you provide false information or recklessly make a false statement, you are committing an offence that may upon conviction, result in a fine or imprisonment or both.

DECLARATION A

The information in this application is accurate and correct

Signed..... Date.....

Name (in capitals)..... Position.....

DECLARATION B *(to be filled in only if an agent is acting for the applicant)*

1. I have read, and agree with, the information given in this application

2. The application is being made on my behalf by the person who has signed Declaration A

Signed..... Date.....

Name (in capitals)..... Position.....

APPLICATION

I apply for a waste disposal licence to operate the facility described on this form.

Signed.....

Date.....

Name (in capitals).....

Position.....