

ALL FIELDS ARE MANDATORY. IF ANY PART OF THIS FORM IS INCOMPLETE OR IF INFORMATION IS INACCURATE, YOUR APPLICATION WILL BE RETURNED AS INVALID AND A NEW APPLICATION WILL BE REQUIRED.

Before filling out this application form, you are advised to read the accompanying **FAQs** (available to download on www.nwcpo.ie)

In case we need to query this application, please provide your contact details below: **(BLOCK CAPITALS PLEASE)**

COMPLETED BY: **BRIDIE SMYTH**

PHONE NUMBER: **086 8197968**

I confirm (✓) that I have read the **FAQs** that accompanies this application form (available on www.nwcpo.ie) **YES**

(A) FEE PAYMENT DETAILS (For payments by card, phone Offaly County Council on 057 9346800 and ask for Cash Office)

CONFIRM (✓) FEE PAID: **€50** ✓ **€25**

PAYMENT REFERENCE NUMBER: **online**

(B) WASTE COLLECTION PERMIT DETAILS

PERMIT NUMBER: **NWCPO-09-03639-02**

PERMIT EXPIRY DATE: **16/12/20**

PERMIT HOLDER NAME: **EVERGREEN FIELDS LTD**

TRADING ADDRESS: **FLASKAGHMORE DUNMORE GALWAY H54 R244**

(C) AUTHORISED FACILITY / PORT WHICH HAS AGREED TO ACCEPT CODES LISTED BELOW*

NAME OF WASTE FACILITY / PORT WASTE WILL BE DELIVERED TO: **LIMERICK CITY (Bunlicky)**

WASTE FACILITY NUMBER: **00013-01**

FACILITY PERMIT EXPIRY DATE: _____

(D) LIST OF WASTE CODES WHICH WILL BE DISPOSED / RECOVERED AT THE ABOVE FACILITY*

The addition of codes that would result in a material or significant change to the nature, focus or extent of the existing waste collection activity, will not be added (see **FAQs** for more information).

EWC Code(s) (6-digit number) (Max. 10 Per Fee)	Corresponding Waste Description	Detailed Waste Description for codes ending in '99'
1 19.13.08	aqueous liquid waste	
2	and aqueous concentrates	
3	from Ground Water	
4	Remediation Sites	
5	than those mentioned	
6	in 19.13.07	
7		
8		
9		
10		

*Codes and Authorised Facility / Port will be added to the Permit at the same time, where applicable.

(E) AUTHORISED WASTE FACILITY PERMIT HOLDER DECLARATION (Not applicable if adding a Port)

I declare that the above information I have provided to the Permit Holder is correct and that my facility is authorised to accept the waste types listed on this form and I agree to accept the above waste types from this Waste Collector.

SIGNED: **MARIA WENNA**

DATE: **18/1/19**

PRINT NAME: **M Wenna**

POSITION / TITLE: **PLANT MANAGER**

(F) WASTE COLLECTION PERMIT HOLDER DECLARATION

I declare that the above information is correct to the best of my knowledge and that waste collected will only be brought to an authorised waste facility / Port.

SIGNED: **Bridie Smyth**

DATE: **1/10/19**

PRINT NAME: **BRIDIE SMYTH**

COMPANY NAME: **EVERGREEN FIELDS LTD**

POSITION / TITLE: **Secretary**

*This form must be submitted to the NWCPO within 10 Working Days of this date

Completed forms should be emailed to: **additions@nwcpo.ie**

(email attachments over 20MB cannot be accepted by the NWCPO. Please check file size of attachments before sending)

Alternatively, completed forms can be submitted by post or delivered by hand to:

NWCPO, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly, R35 F893