DEPARTMENT OF WASTE MANAGEMENT & POLLUTION CONTROL
P/BAG BO 323
GABORONE
BOTSWANA

TELEPHONE: (267) 3931802/3934479
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WASTE MANAGEMENT FACILITY

LICENSE

APPLICATION FORM

Waste Reduction
- Reuse/Recycle
- Treatment
- Safe Disposal (landfill)
APPLICANT (proposed licence holder)

(1) Name of applicant (in the case of a Company, a Director must apply): ..............................................................

(2) Address: ..............................................................................................................................................................

(3) Telephone no.: ................................................ (4) Fax no.: ...................... (5) E-mail: .................................

(6) Status of applicant: (please tick)

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<tr>
<td>Private Individual</td>
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<tr>
<td>Company</td>
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<td>Local Authority</td>
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<td>Non Governmental Organisation (NGO)</td>
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<td>Other (specify)</td>
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(7) If applicant is a company which is part of a larger organisation, please give name(s) and address of the registered office of the ultimate parent company:

(8) Name and address of agent making application (if different from applicant):

(9) Names and addresses of Responsible Persons (if different from applicant):

For Investigation: .................................................................
..............................................................................................

For Design : ........................................................................
..............................................................................................

For Construction: ...............................................................
..............................................................................................

For Operation : .................................................................
..............................................................................................

(10) Name and address of land owner (if different from applicant):

(11) Type of waste management facility: Landfill □ Incinerator □ Other (specify) ....................

(12) Is the facility already a registered Waste Disposal Site? No □ Yes □ Registration No: ....
(13) Location and address of site, map reference (X and Y co-ordinates) and approximate area (attach map and specify how boundaries can be physically identified):

(14) Planning permission status (tick box):

a) Planning permission granted (please attach copy)  □

b) Planning permission applied for (please attach copy of application)  □

c) Other (please explain): .................................................................

d) Existing land use as specified in the Development Plan:...........................

e) Current actual land use:........................................................................

f) Name of Local Authority in which site is situated:.................................

(15) Landfill size/waste type classification (for landfills only - see landfill guidelines)................

(16) Annual quantities of waste proposed to be accepted:

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<thead>
<tr>
<th>Year</th>
<th>Quantity (tonnes)</th>
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(17) Personnel

<table>
<thead>
<tr>
<th>Name of Officer</th>
<th>Position</th>
<th>Basic Qualification</th>
<th>Training in waste management</th>
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Recycle Waste & Wastewater to Save the Environment
(18) Capacity of facility:

Landfill - volume of airspace:……………………………………m$^3$
Other - rate of use:…………………………………………tonnes/week
Other - storage quantity…………………………………………tonnes

(19) Hours facility is to be open for receipt of waste:

Monday to Friday: :…………………………
Saturday: :…………………………
Sundays and public holidays: :…………………………

(20) Hours facility is to be operated:

Monday to Friday: :…………………………
Saturday: :…………………………
Sundays and public holidays: :…………………………

(21) Estimated useful life of facility: :…………………………

(22) Proposed start date for operations: :…………………………

(23) Previous use of land: :…………………………

(24) Proposed final use of land (for landfills only): :……………………………………………………

(25) Site investigation (mainly for landfills):

25a Preliminary Environmental Impact assessment (pEIA):

Has a pEIA been carried out for the proposed facility?   Yes □  No □
If not, please explain why: :…………………………………………………………
If a pEIA is available, please attach a copy.

25b Preliminary Hydrogeological Investigation (pHGI):

Has a pHGI been carried out for the proposed facility?   Yes □  No □
If not, please explain why: :…………………………………………………………
If a pHGI is available, please attach a copy.

25c Site investigation:

Has a Site Investigation been carried out for the proposed facility?   Yes □  No □
If not, please explain why: :…………………………………………………………
If a Site Investigation is available, please attach a copy.
25d Full EIA/EICR:

Has a full EIA been carried out for the proposed facility? Yes ☐ No ☐

If not, please explain why:…………………………………………………………………………………

If the EIA is available, please attach a copy, together with the Environmental Impact Control report (EICR)

Information on the requirements for site investigation, EIA and EICR can be found in the landfill guidelines. If you are in any doubt, please contact the DSWM.

(26) Facility design

Please attach a description of the proposed facility design

(27) Operating Plan

Please attach a description of the operating plan, outlining the method of working and procedures to be adopted.

(28) Monitoring Procedure

Please attach a description of the procedures, which are proposed for environmental monitoring.

(29) Record keeping procedures

Please attach a description of the proposed record keeping procedures

(30) Landfill Closure Plan

For landfills of class S and above, please attach the Closure Plan, showing the proposed procedures to be adopted.

Note: Further detail may be required by the DWMPC depending on the type of facility and its classification. Please contact the DSWM to determine what, if any, additional information is required.