

Mr Michael O'Hanlon Clyda View Upper Quartertown Mallow County Cork Headquarters, PO Box 3000 Johnstown Castle Estate County Wexford, Ireland

Ceanncheathrú, Bosca Poist 3000 Eastát Chaisleán Bhaile Sheáin Contae Loch Garman, Éire

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E: info@epa.ie W: www.epa.ie

LoCall: 1890 33 55 99

1 July 2014

Reg. No. W0273-01

Re: Waste Licence for a facility located at Quartertown Upper, Mallow, County Cork.

Dear Mr O'Hanlon

I refer to your waste licence, reference number W0273-01, in respect of the above referenced facility, and in particular to your application dated 23 May 2014 for a part refund in accordance with Article 45(1) of the Waste Management (Licensing) Regulations of the fee payable to the Agency in respect of the above referenced application.

I am to advise that the OCLR Director of the Agency has decided to grant a refund of 50% of the application fee i.e. a refund of €5,000.

The Agency can no longer issue any cheques in respect of any refunds we grant to licensees. In order for us to make payments directly to your bank account please complete the following form and return it to Office of Licensing, Environmental Protection Agency, PO Box 3000, Johnstown Castle Estate, County Wexford.

Yours sincerely,

Moeleen Keavey

Programme Officer

Office of Climate, Licensing & Resource Use

Enc







## An Ghníomhaireacht um Chaomhnú Comhshaoil

Johnstown Castle Estate County Wexford, Ireland

Ceanncheathrú, Bosca Poist 3000 Eastát Chaisleán Bhaile Sheáin Contae Loch Garman, Éire

Fax: Tel:

To:

9160699

053-9160600

Headquarters

P.O. Box 3000

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Johnstown Castle Estate epaie

International Fax:

+353-53-9160697/9160699

+353-53-9160600

Co. Wexford

LoCall: 1890 33 55 99

International Tel:

**IRELAND** 

Phone:

053 9160613

Attention: Office of Licensing

Date: 1 July 2014

In order for us make future payments directly to your bank account please complete the following form & return it to Office of Licensing:

Name:	·	 				
Address:						•
Contact:				•		
Phone No:	· · · · · · · · · · · · · · · · · · ·	 Fax	No:			
Bank Name:		,				
Account No:						
Sort Code:		 				
BIC Code:**	·				 -	
IBAN: **					 	
Bank Address:		 	-		 	
Account Name:						
Email Remittance:						
Email Purchase Or	der:					

\*\* Please note this information can be found on your bank statement. From 2010 please be advised that these codes are compulsory for all EFT payments.

Regards,

Office of Licensing Fax: 053 9160699

Email

