

WO1 - ANNEX 5

APPLICATION FOR CONSENT TO DISCHARGE SEWAGE EFFLUENT

If Septic Tank or STW on site,  
complete this Annex and tick sewage  
effluent box in Question 2 of WO1

Official Use Only File Ref:
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1. i) Please state the maximum quantity it is proposed to discharge in any one day. Briefly state how this figure was calculated (see note iii). m<sup>3</sup>/day

ii) Please state the maximum rate of discharge. Litres/sec

1.2 Irish Grid Reference(s) of point(s) of discharge.

<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(please indicate on accompanying site plans)
<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1.3 a) Irish Grid Reference(s) of manhole or sampling chamber.

<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(please indicate on accompanying site plans)
<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

b) What flow measurement facilities will be provided? (see note vi)  
Please give details.

1.4 a) Type of Treatment Plant(s) to be used - tick as appropriate:-

Septic Tank  Sewage Treatment Works  Other   
(give details below)

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b) Will the treatment process involve the use of any chemicals (eg, ferric salts, polyelectrolytes)

If yes, please give details.

Yes  No

1.5 a) Is the discharge existing  or proposed  If proposed:

On what date do you anticipate the discharge will commence?

/ /

b) If you require the consent for a limited time period please give dates;

from: 

/ /

to: 

/ /

c) If the discharge is not continuous please detail the period/circumstances when it will occur.

2. Receiving Medium - tick the category(s) to which the proposed discharge(s) is(are) to be made:-

1. Estuary (tidal river or stream)

4. Lake, or Pond

2. River or Stream (non-tidal)

5. Coastal Water (see note vii)

3. Sub-Surface Irrigation System

6. Waterway via SubSurface Irrigation System

State name of receiving waterway if known:

2.1 In the case of sub-surface irrigation systems:-

(a) Is any part of the system within 5 metres of the boundary of the premises?

Yes  No

(b) Is any part of the system within 10 metres of a watercourse?

Yes  No

(c) Is any part of the system within 50 metres of a borehole or spring?

Yes  No

(d) Percolation tests must be carried out in accordance with British Standard BS6297:1983. Please provide details below.

Yes  No

Date of Pre-soaking

Date of Test

Average percolation value obtained

Minimum area of the sub-surface irrigation system will be ..... m<sup>2</sup>

Minimum length of irrigation drains will be ..... metres.

I ..... certify that the percolation test was carried out in accordance with British Standard BS 6297: 1983. (See Guidance Notes at Appendix 1.)

3. Is any Management Agreement proposed to manage the sewage works - if applicable (see note xi)

Yes  No