

SLIGO COUNTY COUNCIL
Comhairle Chontae Shligigh



**Local Government (Water Pollution) Acts,
1977 & 1990**

**APPLICATION FOR A LICENCE TO DISCHARGE
TRADE AND/ OR DOMESTIC WASTE WATER TO
SURFACE WATER**

Your completed application accompanied by all relevant information and payment is to be sent to the following address:

Address:	Sligo County Council
	Environment Section
	Riverside
	Sligo

PART I – DECLARATIONS & SIGNATURES

PART I - Section 1

A. Guidance on Applying for a Discharge Licence

Any person who intends to discharge domestic waste water or trade effluent to surface waters must attain permission to do so from either the Local Authority or the Environmental Protection Agency (EPA) before the discharge is commenced.

Where the discharge is licensable by the Local Authority, this Application Form is to be completed and submitted to the Local Authority.

The Applicant is requested to read the “Guidance on Applying for a Discharge Licence to surface waters” before completing this licence application form.

B. Completing the Application Form

Guidance on what information is to be included in each Part of the Application Form is provided in the “*Guidance on Applying for a Discharge Licence to surface waters*”.

The Applicant is asked to contact the Licensing Authority in the event that:

- they are unsure as to whether the discharge is licensable by the Local Authority or the EPA
- they are having difficulty in providing all the information required in the application form
- they are unsure of what information they are to provide in the form
- they are unsure of where to source the information required in the form
- they require any information or guidance on filling out the form

The Licensing Authority WILL NOT be able to process an incomplete application.

Where multiple discharges are proposed, the applicant for a discharge licence must first contact the Licensing Authority for advice on whether one application form will suffice or whether multiple forms need to be submitted.

Additional Sheets

Where any part of the Application Form does not afford sufficient space to provide the required information then the Applicant should attach additional sheets to the form containing such information.

The additional sheets should be cross-referenced to the appropriate section in the Application Form. Mark each sheet with the name of the Applicant and the name of the premises from which the discharge is generated and indicate the section and part of the Application Form to which the additional sheets relate. An example of an Additional Sheet cross reference is provided in “*Guidance on Applying for a Discharge Licence to surface waters*”.

Request for Further Information

The Licensing Authority is entitled under Section 7(3) of the *Local Government (Water Pollution) Regulations, 1978* to request the Applicant to submit additional information that the Licensing Authority deems necessary for the consideration of an application for a discharge licence.

Where additional information is not provided by the Applicant within a three month period of receiving such a request then the Licensing Authority may carry out the necessary investigations to acquire the information, the cost of which is to be borne by the Applicant. Alternatively the Licensing Authority may proceed to make a determination on the application in the absence of such information.

PART I – DECLARATIONS & SIGNATURES

C. Signatures of the Applicant & Agent

Identify the class of discharge to which this application pertains.

I hereby make an application for a licence to discharge _____* effluent to Surface Waters under the Local Government (Water Pollution) Act 1977 in respect of the particulars included in this application on behalf of _____
(insert name of the Applicant).

**indicate whether trade or domestic or both*

Where this application is made by an Agent on behalf of an Applicant, the signature of the Applicant must be provided below confirming the authorisation of the Agent to apply for a licence on their behalf:

I hereby authorise _____ (name of Agent) to apply for a discharge licence on behalf of _____ (name of Applicant).

Signed: **Date:**

(provide signature of Applicant)

I hereby declare that I am fully aware of my responsibilities to implement the conditions of any licence granted on the basis of this application and acknowledge that I may be subject to criminal liability whereby the terms of the licence are not complied with.

Signed: **Date:**

(provide signature of Applicant)

Refer to the “Guidance on Applying for a Discharge Licence to surface waters” for definitions of the Applicant and the Agent.

PART I – DECLARATIONS & SIGNATURES

PART I - Section 2

A. Disclosure of Information

The Freedom of Information Act, 1997 (as amended) states that every person has a right to access any record held by a public body. This includes discharge licenses (and associated applications) held by the Local Authority. The Local Authority may refuse to provide access to records held by them where the information was provided to the Local Authority with the understanding that it is to be treated as confidential. Circumstances under which confidentiality may apply include where information submitted in the application contains commercially sensitive information or matters of National security.

The Applicant is requested to identify all information submitted with the application which is to be treated as confidential and is requested to identify the grounds on which the information may be categorised as confidential.

B. False or Misleading Information

It is an offence under the *Local Government (Water Pollution) Act, 1977* to knowingly submit false or misleading information in the licence application and an Applicant is liable to a fine on summary conviction of such an offence.

Please provide signature of the authorised representatives of the Applicant and where appropriate the Agent confirming that all the information submitted in this application is correct and that they have made themselves aware of the provisions of the Freedom of Information Act.

I/we hereby declare that I/we have made myself/ourselves aware of the provisions of the Freedom of Information Act and that I/we understand that there is a legal obligation on the Local Authority to make this discharge licence application available for inspection by third parties.

I/We hereby declare that to the best of my/our knowledge all of the information provided in this application is true and correct.

Signed: **Date:**

(provide signature of the Applicant)

Signed: **Date:**

(provide signature of the Agent)

PART II – GENERAL DETAILS

PART II – Section 1

A. Contact Details – Applicant

A. (i) Provide contact details for the Applicant below

The Applicant is:	<input type="checkbox"/> An Individual <input type="checkbox"/> A Group of Individuals <input type="checkbox"/> A Corporate Body
Name (Principal Contact)*	
Address	<hr/> <hr/> <hr/>
Phone Number (day)	
Phone Number (night)	
Fax	
e-mail	
<p>* Where the Applicant is a group of individuals or a corporate body, provide the name of one individual to be the principal contact for the purpose of correspondence relating to a licence granted by the licensing authority.</p>	

A. (ii) Where the Applicant is an Individual provide the following details:

Relationship to the premises from which it is proposed to discharge	<input type="checkbox"/> Owner/occupier <input type="checkbox"/> Landowner <input type="checkbox"/> Responsible for treatment facility <input type="checkbox"/> Other _____ <i>(please specify)</i>
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A. (iii) Where the Applicant is a Group of Individuals provide the following details:

Type of Group	<input type="checkbox"/> Management Company <input type="checkbox"/> Residents Association <input type="checkbox"/> Voluntary Group <input type="checkbox"/> Club <input type="checkbox"/> Other _____ <i>(please specify)</i>
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PART II – GENERAL DETAILS

A. (iv) Where the Applicant is a Corporate Body provide the following details:	
Type of Corporate Body	<input type="checkbox"/> Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Co-operative <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <i>(please specify)</i>
Certificate of Incorporation must be included with the application listing the names of Directors.	

B. Contact Details – Agent	
B. Where an Agent is making this application on behalf of an Applicant the Agent's contact details must be provided	
Name	
Address	<hr/> <hr/> <hr/> <hr/>
Phone Number (day)	
Phone Number (night)	
Fax	
e-mail	
Relationship to the Applicant e.g. employee, consultant, partner.	

PART II – GENERAL DETAILS

A. (ii) Identify the sector from which the proposed discharge will be generated.			
Type of Premises	<i>Please tick the box as appropriate</i>		√
	Accommodation	Household / Holiday Home	
Hotel / Guesthouse / B&B			
Education	Caravan Park / Camp Site		
	Nursing Home		
	Non-residential facility		
Commercial / Service	Boarding School		
	College / University		
	Office		
	Hairdresser / Beauty Salon		
	Doctor Surgery		
	Dentist		
	Launderettes and Dry Cleaners		
	Petrol Station		
Food & Drink	Hospital		
	Churches, Monasteries etc.		
	Amenities (golf course, sport facilities etc.)		
Transport	Public House (with or without food preparation)		
	Restaurant / Café / Take Away		
Industrial	Airport		
	Train station		
	Bus station		
	Dry process industry without canteen		
	Dry process industry with canteen where food is prepared		
	Chemicals industry		
	Wood, paper, textiles and leather		
	Food and drink		
	Minerals and other materials		
	Energy		
	Metals		
	Mineral fibres and glass		
Other (Please specify)	Fossil fuels		
	Cement manufacture		
	Waste		
	Surface coatings		
	e.g. tourism- heritage centre, quarry activities		

PART II – GENERAL DETAILS

A. (iii) Activities Carried Out on Site.

Provide details of the activities carried out on site. Where this involves a process, provide an overview of the process. In particular indicate where domestic waste water / trade effluent is generated.

Provide additional sheets where necessary.

Process Materials & Waste Disposal

Where applicable, complete **Appendix A and Appendix B** of this form.

PART III – EFFLUENT DETAILS

PART III – Section 1

A. Effluent Details	
PART III – Section 1 A is to be completed by All Applicants.	
Type of effluent	<input type="checkbox"/> Domestic Waste water Only <input type="checkbox"/> Trade Effluent Only <input type="checkbox"/> Both Domestic and Trade Effluent
Indicate the type of discharge to which this application relates.	<input type="checkbox"/> New Discharge <input type="checkbox"/> Existing Discharge
Domestic Waste water only (if relevant)	Population Equivalent (p.e.) _____ <hr/> Expected Dry Weather Flow (DWF) _____ m ³ /day. <i>Provide details of how the P.E. & DWF were calculated.</i>
Trade Effluent only or Domestic & Trade (if relevant)	Normal volume of effluent discharged per day is _____ m ³ /day. <hr/> Maximum volume of effluent discharged in one day is _____ m ³ /day. <hr/> Maximum volume of effluent discharged per hour is _____ m ³ /hour. <i>Provide details of how the trade effluent flows are calculated.</i>
Effluent Characteristics.	Complete Appendix C and Appendix D of this form. <i>Provide additional sheets where necessary.</i>

PART III – EFFLUENT DETAILS

B. Effluent Details

PART III – Section 1 B is to be completed by All Applicants.

Provide additional sheets where necessary.

Discharge Variability	<p>Briefly identify whether there is likely to be variability in the discharge flow or characteristics e.g. due to process changes, due to seasonal variation, due to diurnal changes etc.</p> <p>Where the discharge shows seasonal or other variation, please provide details of flow volumes and times of discharge.</p> <p>Also provide details of varying effluent characteristics in Appendix C and Appendix D.</p>
Date of Discharge	<p>Date: _____</p> <p>Identify the proposed date for the commencement of the discharge or where it is an existing discharge identify the date on which the discharge commenced.</p>
Fats, Oils and Grease (FOG) (if relevant)	<p>Provide details of control measures proposed for the removal of FOG from the effluent prior to discharge. Provide technical data sheets for any equipment proposed.</p>
Food Waste (if relevant)	<p>Provide details of provisions for source segregation and disposal of food waste.</p>
Other Discharges	<p>Provide particulars of any other discharges from the premises (e.g. storm water).</p>
Water Supply	<p>Provide details of the source of water that will form part of the discharge e.g. mains, borehole, river etc.</p> <hr/> <p>The estimated volume of water used per day is _____ m³/day</p>
Other Effluent Details	<p>You may be required to furnish such other particulars as the Licensing Authority may reasonably require for consideration of the application e.g. effluent toxicity testing, bioaccumulation testing, biodegradation testing.</p>

PART III – EFFLUENT DETAILS

PART III – Section 2

A. Effluent Treatment	
PART III – Section 2 A is to be completed where the effluent is to be treated prior to discharge.	
Operator of Treatment System	Where the treatment system is to be maintained and operated by a third party please provide the following:
	Contact Name
	Company Name
	Address
	Phone Number (day)
	Phone Number (night)
	Fax
	e-mail
	Registered Company Details
Waste Water Treatment System Overview	Provide particulars of the existing / proposed effluent treatment system.
	<i>Provide additional sheets where necessary.</i>
Provide copies of the treatment system process drawings.	

PART III – EFFLUENT DETAILS

B. Effluent Treatment

PART III – Section 2 B is to be completed where the effluent is to be treated prior to discharge.

Provide additional sheets where necessary.

Treatment System Maintenance

Provide details of the proposals for the treatment system maintenance.

Plant Failure

Identify how any failure of the treatment system will be detected.

Sludge

Provide details of proposals for dealing with sludge (where relevant).

PART III – EFFLUENT DETAILS

PART III – Section 3

A. Effluent Monitoring																		
<p>PART III – Section 3 A is to be completed by all Applicants. Provide details of the monitoring proposed for the effluent discharge <i>Provide additional sheets where necessary.</i></p>																		
<p>Monitoring the Discharge.</p>	<p>Provide details of any proposals to monitor the discharge e.g.</p> <ul style="list-style-type: none"> ○ Parameters to be analysed; ○ Monitoring programme; ○ Details of any sampling equipment to be used. 																	
<p>Location of sampling point(s) (Co-ordinates)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;">Easting</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: none; text-align: center;">Northing</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> </tr> </table>	Easting										Northing						
Easting										Northing								
<p>Effluent Flow Monitoring</p>	<p>Provide details of any proposals to monitor the discharge flow.</p>																	
<p>Licensing Authority Monitoring</p>	<p>Provide a description of how the Licensing Authority will be provided with access to the effluent in order to take samples and indicate the point at which such samples may be taken e.g. last manhole before outfall. (<i>Provide grid reference below</i>).</p>																	
<p>Location of Licensing Authority sampling point(s) (Co-ordinates)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;">Easting</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: none; text-align: center;">Northing</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black; width: 30px;"> </td> </tr> </table>	Easting										Northing						
Easting										Northing								

PART III – EFFLUENT DETAILS

B. Pollution Control

PART III – Section 3 B is to be completed by All Applicants.

Provide details of any pollution control measures proposed.

Provide additional sheets where necessary.

Accidental Discharges	Provide details of arrangements to prevent accidental discharges.	
Provide below, details of emergency procedures, contact persons and facilities available to respond to unexpected incidents.		
Emergency Response	Contact Name	
	Phone Number (day)	
	Phone Number (night)	
	Provide details of any emergency procedure.	
Environmental Management Plan	<p>Is there an Environmental Management Plan in place in respect of the site?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>If 'Yes' please submit a copy with this application.</i></p>	

PART IV – DISCHARGE TO SURFACE WATERS

PART IV – Section 1

A. General Details	
Identify why it is not feasible to discharge to sewer in this case.	
Provide details of the newspaper notice.	Name of Publication _____ Date of Print _____ <i>Please include one original plus the required copies of the notice.</i>

PART IV – DISCHARGE TO SURFACE WATERS

PART IV – Section 2

A. (i) Receiving Water Details - Discharge to Inland Surface Water										
PART IV – Section 2 A is to be completed where the application pertains to a discharge to inland surface waters i.e. streams / rivers / lakes.										
Name of Receiving Water										
Location of Discharge (Co-ordinates)	Easting							Northing		
<i>Add additional rows where necessary.</i> All discharge locations to be indicated clearly on OS Map.										
Existing Uses	The receiving water is a tributary of _____ (insert waterbody name).									
	Water uses are _____ (e.g. angling, recreational, navigation etc.)									
Designation*	The receiving water is located within the boundary of : (tick as appropriate)									
	<input type="checkbox"/> An SAC, site code _____. <input type="checkbox"/> An SPA, site code _____. <input type="checkbox"/> None of the Above									
	<i>* Note: Where the discharge is located within the boundary of a Natura 2000 site (SAC or SPA), an Appropriate Assessment must be submitted with this application as required by Council Directive 92/43/EEC on the Conservation of Natural Habitats and of Wild Fauna and Flora (Habitats Directive).</i>									
	The receiving water is designated as: (tick as appropriate)									
	<input type="checkbox"/> A Salmonid Water <input type="checkbox"/> An Inland Bathing Water <input type="checkbox"/> A Pearl Mussel Water <input type="checkbox"/> A Drinking Water <input type="checkbox"/> A Sensitive Water <input type="checkbox"/> None of the Above									

PART IV – DISCHARGE TO SURFACE WATERS

A. (i) Receiving Water Details - Discharge to Inland Surface Water (continued)	
Name of River Basin District	Provide the name of the River Basin District in which the discharge is located _____.
Water Framework Directive Waterbody Status	<input type="checkbox"/> No Status <input type="checkbox"/> Moderate <input type="checkbox"/> Bad <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> High
Refer to “Guidance on Applying for a Discharge Licence to surface waters” for sources of information.	
Receiving Water Flow Data.	<p><i>Where available include information from existing hydrometric station / flow estimation tool.</i></p> <p>_____ m³ /sec Dry Weather Flow (DWF). _____ m³ /sec Mean flow. _____ m³ /sec 95%ile flow.</p> <p>Source of Information: <input type="checkbox"/> EPA <input type="checkbox"/> OPW</p> <p>Hydrometric Station Reference Number: _____</p> <p><i>Include information from on-site flow measurement where it has been undertaken.</i></p> <p>Flow at proposed discharge: _____ m³/sec Date: _____ Flow at proposed discharge: _____ m³/sec Date: _____ Flow at proposed discharge: _____ m³/sec Date: _____</p> <p>Flow at nearby hydrometric station: _____ m³/sec Date: _____ Flow at nearby hydrometric station: _____ m³/sec Date: _____ Flow at nearby hydrometric station: _____ m³/sec Date: _____</p> <p><i>Provide information on rainfall for a minimum of six days preceding each flow measurement.</i></p>
Where a discharge is to a lake dispersion modelling is likely to be required. The Applicant should consult with the Licensing Authority	

PART IV – DISCHARGE TO SURFACE WATERS

A. (ii) Receiving Water Details - Discharge to Inland Surface Water

Receiving water background chemical data.	Parameter	Result (mean)
	BOD ₅ mgO ₂ /l	
	Suspended Solids mg/l	
	pH (pH units)	
	Dissolved Oxygen mg/l O ₂	
	Temperature °C	
	Total Ammonia as mg/l N	
	Un-ionised Ammonia as mg/l N	
	Orthophosphate as mg/l P (unfiltered MRP)	
	Total Phosphorus as mg/l P	
	Nitrite as mg/l N	
	Nitrate as mg/l N	
	Total Nitrogen mg/l N	
	Chloride mg/l	
	Sulphate mg/l	

Refer to “Guidance on Applying for a Discharge Licence to surface waters” for guidance on reporting monitoring data and on sampling.

PART IV – DISCHARGE TO SURFACE WATERS

B. (i) Receiving Water Details - Discharge to Transitional / Coastal Water																		
PART IV – Section 2 B is to be completed where the application pertains to a discharge to coastal or transitional waters i.e. estuaries / marine waters.																		
Name of Receiving Water																		
Location of Discharge (Co-ordinates)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;">Easting</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 15%; border: 1px solid black;">Northing</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> </tr> </table>	Easting										Northing						
Easting										Northing								
<i>Add additional rows where necessary.</i>																		
All discharge locations to be indicated clearly on OS Map.																		
Designation*	<p>The receiving water is located within the boundary of (or the discharge point is in the boundary of or within 3km of): <i>(tick as appropriate)</i></p> <p><input type="checkbox"/> An SAC, site code _____.</p> <p><input type="checkbox"/> An SPA, site code _____.</p> <p><input type="checkbox"/> None of the Above</p> <p><i>* Note: Where the discharge is located within the boundary of or is within 3km of an SAC/SPA, an Appropriate Assessment (Natura Impact Statement) must be submitted with this application as required by Council Directive 92/43/EEC on the Conservation of Natural Habitats and of Wild Fauna and Flora (Habitats Directive).</i></p> <p>The receiving water is designated as: <i>(tick as appropriate)</i></p> <p><input type="checkbox"/> A Shellfish Water</p> <p><input type="checkbox"/> A Bathing Water</p> <p><input type="checkbox"/> A Sensitive Water</p> <p><input type="checkbox"/> None of the Above</p>																	
Name of River Basin District	Provide the name of the River Basin District in which the discharge is located _____.																	
Water Framework Directive Waterbody Status	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> No Status</td> <td style="width: 50%;"><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> Bad</td> <td><input type="checkbox"/> Good</td> </tr> <tr> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/> High</td> </tr> </table>	<input type="checkbox"/> No Status	<input type="checkbox"/> Moderate	<input type="checkbox"/> Bad	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> High											
<input type="checkbox"/> No Status	<input type="checkbox"/> Moderate																	
<input type="checkbox"/> Bad	<input type="checkbox"/> Good																	
<input type="checkbox"/> Poor	<input type="checkbox"/> High																	
Refer to “Guidance on Applying for a Discharge Licence to surface waters” for sources of information.																		

PART IV – DISCHARGE TO SURFACE WATERS

B. (i) Receiving Water Details - Discharge to Transitional / Coastal Water (continued)	
Position of outfall	<p>The outfall is/will be positioned _____ metres above/below (<i>delete as appropriate</i>) Mean High Water Spring Tide</p> <p>and</p> <p>The outfall is/will be positioned _____ metres above/below (<i>delete as appropriate</i>) Mean Low Water Spring Tide</p>
Bathymetric Survey	<p>A bathymetric survey has/has not (<i>delete as appropriate</i>) been undertaken.</p> <p><i>Where a bathymetric survey has been undertaken, please include a copy with this application.</i></p>
Foreshore Licence	<p>A Foreshore Licence is:</p> <p><input type="checkbox"/> Granted</p> <p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> Not Applied For</p> <p><input type="checkbox"/> Not Required</p> <p><i>Where the Foreshore Licence has been granted, please include a copy with this application.</i></p>

PART IV – DISCHARGE TO SURFACE WATERS

B. (ii) Receiving Water Details - Discharge to Transitional / Coastal Water

PART IV – Section 2 B is to be completed where the application pertains to a discharge to coastal or transitional waters i.e. estuaries / marine waters.

Receiving water background chemical data.	Parameter	Result (mean)
	Chlorophyll a µg/l	
	Transparency Secchi depth	
	Salinity psu	
	Temperature °C	
	Dissolved Oxygen % saturation	
	Dissolved Inorganic Nitrogen mg/l N	
	Un-ionised Ammonia as mg/l N	
	Orthophosphate as mg/l P	
	Total Phosphorus as mg/l P	
	Nitrite as mg/l N	
	Nitrate as mg/l N	
	Total Nitrogen mg/l N	
	BOD ₅ mg/l (Transitional Waterbody)	

Refer to “Guidance on Applying for a Discharge Licence to surface waters” for guidance on reporting monitoring data and on sampling.

PART IV – DISCHARGE TO SURFACE WATERS

PART IV – Section 3

A. Impact of Discharge - Discharge to Inland Surface Waters

PART IV – Section 3 A is to be completed where the application pertains to a discharge to Inland Surface Waters.

Have any of the following assessments been carried out in terms of your proposed discharge / receiving waters?

- Toxicity Testing
- Bioaccumulation Testing
- Biodegradation Testing
- Aquatic / Fisheries Study
- Modeling of Mixing Zone
- Other _____ (please specify)

If 'Yes' please submit a copy of the report with this application.

B. Impact of Discharge - Discharge to Transitional / Coastal Waters

PART IV – Section 3 B is to be completed where the application pertains to a discharge to Transitional / Coastal Waters.

Have any of the following assessments been carried out in terms of your proposed discharge / receiving waters?

- Toxicity Testing
- Bioaccumulation Testing
- Biodegradation Testing
- Aquatic / Fisheries Study
- Dispersion Modeling
- Other _____ (please specify)

If 'Yes' please submit a copy of the report with this application.

Effluent Dispersion

Provide details for proposals for the dispersion of effluent.

Provide additional sheets where necessary.

PART IV – DISCHARGE TO SURFACE WATERS

PART IV – Section 4

Checklist for Applicant when applying for a licence to discharge to Water	
Details to be Submitted	Tick Box where included
1. Fully completed, signed and dated application form (One original plus one hard copy and one electronic copy)	
2. Name & address of Applicant (& Agent where appropriate)	
3. Has the type of discharge been identified i.e. new or existing / domestic or trade?	
4. Has location of discharge been identified on a location map?	
5. Newspaper Notice (One original plus one hard copy)	
6. Application fee	
7. Site location map at scale 1:50,000	
8. Site layout map at scale of 1:2500	
9. Drainage system drawings at scale no greater than 1:2500	
10. Description of process giving rise to trade effluent	
11. Description of the proposed method of effluent treatment (including measures for the control of FOG where appropriate)	
12. Treatment system process drawings	
13. Outfall details and drawings	
14. Treatment system operation & maintenance details	
15. Effluent quality, discharge volume and flow details	
16. Receiving water quality assessment (physico-chemical & biological) and flow calculations	
17. Assessment of the impact of the discharge on the receiving water - Assimilative capacity calculations - Details of designated areas (including designation of waters) - Details of sensitivity of waters	
18. Proposals for dealing with sludge (where relevant)	
19. Emergency procedures in case of plant breakdown or pollution incident (including details of storage facilities onsite).	
20. Has one original plus one hard copy and one electronic copy of all associated documentation been included?	

Please include any additional information which you deem to be pertinent to the application / discharge.

APPENDICES

Appendix A - Provide details of process related raw materials, products etc. used or generated on site.

Substance	EC Number	Nature of Use	Amount Stored (tonnes)	Annual Usage (tonnes)	Danger Classification	Risk Phrase	Safety Phrase

Include copies of Material Safety Data Sheets (MSDS) for materials.

Ref. European Communities (Classification, Packaging, Labelling and Notification of Dangerous Substances) Regulations, 1994

APPENDICES

Appendix B - Off-site Waste Disposal					
Waste Description	EWC. Catalogue No.	Quantity (Tonnes per annum)	Name of site accepting waste	Reference Number of site environment licence	State whether recycling, recovery or disposal

APPENDICES

Appendix C - Characteristics of Trade and/or Domestic Effluent

The following list of parameters is indicative only. Additional physical, chemical or other characteristics as are pertinent to the effluent in question should also be identified.

Complete for all applicable sections, giving concentration ranges where available.

Emission Point co-ordinates (One table per emission point):

Parameter Concentrations in mg/l unless otherwise stated		Prior to Treatment (if any)			As discharged			
Characteristic Note: Section A = to be completed where discharging domestic effluent only Section A-E = to be completed where discharging a trade effluent.		Max. Hourly	Max. Daily	Mg/l	Max. Hourly	Max. Daily	Mg/l	% Removal
A	Temperature °C							
	pH							
	Biological Oxygen Demand (5 day)							
	Chemical Oxygen Demand							
	Suspended Solids							
	Total Ammonia (as N)							
	Nitrate (as N)							
	Total Phosphorus (as P)							
	Conductivity							
	Molybdate Reactive Phosphorus (MRP)							
	Oils, Fats and Greases							
	Sulphates (as SO ₄)							
	Chlorides (as Cl)							
	Phenols (as C ₆ H ₅ OH)							
	Detergents (as Lauryl Sulphate)							
Faecal Coliforms CFU								
B	Metals µg/l							
	Arsenic							

APPENDICES

Chromium								
	Copper							
	Cyanide							
	Fluoride							
	Lead							
	Nickel							
	Zinc							
	Other (<i>please specify</i>)							
C	Pesticides & Solvents:							
	Atrazine							
	Dichloromethane µg/l							
	Simazine µg/l							
	Toluene µg/l							
	Xylenes µg/l							
D	Organohalogen Compounds (Specify)							
	Organophosphorus Compounds (Specify)							
	Organotin Compounds (Specify)							
	Mineral Oils or Hydrocarbons of petroleum origin							
	Other toxic substances (Specify)							
	Colour (degrees hazen)							
E	Other:							
	Other relevant characteristics including fish toxicity data from tests carried out on all or part of the effluent							

APPENDICES

Appendix D - Dangerous Substances

Are any of the following chemicals used in the process or stored on the premises	<i>Yes/No</i>	<i>Are residual chemical process materials or chemical tailings from a process recovered or discharged?</i>
EDC (1, 2 dichloroethane (C ₂ H ₄ Cl ₂))		
TRI trichloroethylene (C ₂ HC ₁₃);		
PER perchloroethylene (C ₂ C ₁₄);		
TCB trichlorobenzene		
Carbon tetrachloride, DDT and pentachlorophenol		
Aldrin, dieldrin, isodrin, HCB (hexachlorobenzene), HCB (hexachlorobutadiene) and CHCl ₃ (chloroform)		
Cadmium		
>100 kg of raw asbestos		
Atrazine		
Dichloromethane		
Simazine		
Toluene		
Tributyltin		
Xylenes		
Arsenic		
Chromium		
Copper		
Cyanide		
Fluoride		
Lead		
Nickel		
Zinc		

