

**Local Government (Water Pollution) Acts,**

**Application Form – Discharge to Surface Waters**

**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:

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| Address: | Discharge Licensing, |
| Environment Section, |
| Cavan County Council, |
| 17 Farnham Street, |
| Co.Cavan |
| Phone: | 049 4378486 |



**PART I - Section 1**

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| **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” before completing this licence application form. |

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| **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*”. |
| 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 as to what information they are to provide in the form
* they are unsure as to 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, 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 - Groundwaters*”. |
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| **B. Completing the Application Form** |
| **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. |

**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)*

# Name (in print):

**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)*

# Name (in print):

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

**PART I - Section 2**

1. **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.

# 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 also 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)*

# Name (in print):

**Signed: Date:**

*(provide signature of the Agent)*

# Name (in print):



**PART II – Section 1**

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| **A. Contact Details – Applicant** |
| **A. (i) Provide contact details for the Applicant below** |
| **The Applicant is:**Please insert an ‘X’ in the appropriate box | An IndividualA Group of Individuals A Corporate Body |
| **Name****(Principal Contact)\*** |  |
| **Address** |  |
| **Phone Number (day)** |  |
| **Phone Number (night)** |  |
| **Fax** |  |
| **e-mail** |  |
| **\* 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.** |

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| **A. (ii)Where the Applicant is an Individual provide the following details:** |
| **Relationship to the premises from which it is proposed to discharge** | Owner/occupier LandownerResponsible for treatment facility Other *(please specify)-* |

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| **A. (iii) Where the Applicant is a Group of Individuals provide the following details:** |
| **Type of Group** | Management Company Residents Association Voluntary GroupClubOther *(please specify)-* |



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| **A. (iv) Where the Applicant is a Corporate Body provide the following details:** |
| **Type of Corporate Body**Please insert an ‘X’ where appropriate | Limited Company Public Limited Company Sole TraderCo-operative PartnershipOther *(please specify)-* |
| **Certificate of Incorporation must be included with the application listing the names of Directors.** |

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| **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** |  |
| **Phone Number (day)** |  |
| **Phone Number (night)** |  |
| **Fax** |  |
| **e-mail** |  |
| **Relationship to the Applicant e.g. employee, consultant, partner.** |  |



**PART II – Section 2**

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| **A. Site Details** |
| **A. (i) Provide details below of the site / activity from which it is proposed to discharge.** |
| **Name of Site**(where applicable) |  |
| **Address** |  |
| **Site location (Co-ordinates)** | **Easting** |  |  |  |  |  |  | **Northing** |  |  |  |  |  |  |
| **Is the site an existing development or a new development?** | Please insert an ‘X’ in the box where appropriate ExistingNew |
| **Is there any existing discharge license(s) granted in relation to the site?** | Yes Reference Number: Reference Number:No |
| **Is planning permission granted for any proposed / existing development at the site?** | Granted Reference Number: PendingNot Applied For |
| **Have copies of the following maps / drawings been included?** | Site Location Map Site Layout MapSite Drainage System Drawings None of the above*Refer to “Guidance on Applying for a Discharge Licence” for details of what is to be included on the maps.* |
| **Outfall Details** | Provide details of the outfall design, size and construction. |
| ***Provide copies of the outfall drawings.*** |



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| **A. (ii) Identify the sector(s) from which the proposed discharge will be generated.** |
| **Type of Premises** | *Please put an ‘X’ in the box as appropriate* | X |
| **Accommodation** | Household / Holiday Home |  |
|  | Hotel / Guesthouse / B&B |  |
|  | Caravan Park / Camp Site |  |
|  | Nursing Home |  |
| **Education** | Non-residential facility |  |
|  | Boarding School |  |
|  | College / University |  |
| **Commercial / Service** | Office |  |
| Hairdresser / Beauty Salon |  |
|  | Doctor Surgery |  |
|  | Dentist |  |
|  | Launderettes and Dry Cleaners |  |
|  | Petrol Station |  |
|  | Hospital |  |
|  | Churches, Monasteries etc. |  |
|  | Amenities (golf course, sport facilities etc.) |  |
| **Food & Drink** | Public House (with or without food preparation) |  |
|  | Restaurant / Café / Take Away |  |
| **Transport** | Airport |  |
|  | Train station |  |
|  | Bus station |  |
| **Industrial** | 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 |  |
|  | Fossil fuels |  |
|  | Cement manufacture |  |
|  | Waste |  |
|  | Surface coatings |  |
| **Other** *(Please specify)* | e.g. tourism- heritage centre, quarry activities. |  |

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| **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 – Section 1**

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| **A. Effluent Details** |
| **PART III – Section 1 A is to be completed by All Applicants.** |
| **Type of effluent** | Please place an ‘X’ in all appropriate boxes Domestic Waste water OnlyTrade Effluent OnlyBoth Domestic and Trade Effluent |
| **Indicate the type of discharge to which this application relates.** | New Discharge Existing Discharge |
| **Domestic Waste water only**(if relevant) | Population Equivalent (p.e.) : |
| Expected Dry Weather Flow (DWF) m3/day.***Provide details of how the P.E. & DWF were calculated.*** |
| **Trade Effluent only or Domestic & Trade**(if relevant) | Normal volume of effluent discharged per day is m3/day. |
| Max. volume of effluent discharged in one day is m3/day. |
| Max. volume of effluent discharged per hour is m3/hour. |
| ***Provide details of how the trade effluent flows are calculated.*** |
| **Effluent Characteristics.** | **Complete Appendix C and Appendix D of this form.***Provide additional sheets where necessary.* |

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| **B. Effluent Details** |
| **PART III – Section 1 B is to be completed by All Applicants.***Provide additional sheets where necessary.* |
| **Discharge Variability** | 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.Where the discharge shows seasonal or other variation, please provide details of flow volumes and times of discharge.Also provide details of varying effluent characteristics in Appendix C and Appendix D. |
| **Date of Discharge** | Identify the proposed date for the commencement of the discharge:Where it is an existing discharge identify the date on which the discharge commenced: |
| **Fats, Oils and Grease (FOG)**(if relevant) | 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. |

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| **Food Waste**(if relevant) | Provide details of provisions for source segregation and disposal of food waste. |
| **Other Discharges** | Provide particulars of any other discharges from the premises (e.g. storm water). |
| **Water Supply** | Provide details of the source of water that will form part of the discharge e.g. mains, borehole, river etc. |
| The estimated volume of water used per day is m3/day |
| **Other Effluent Details** | 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. |



**PART III – Section 2**

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| **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 part 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.*Provide additional sheets where necessary.* |
| ***Provide copies of the treatment system process drawings.*** |

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| **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 – Section 3**

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| **A. Effluent Monitoring** |
| **PART III – Section 3 A is to be completed by All Applicants. Provide details of the monitoring proposed for the effluent discharge** *Provide additional sheets where necessary.* |
| **Monitoring the Discharge.** | Provide details of any proposals to monitor the discharge e.g.* Parameters to be analysed;
* Monitoring programme;
* Details of any sampling equipment to be used.
 |
| **Location of sampling point(s) (Co-ordinates)** | **Easting** |  |  |  |  |  |  | **Northing** |  |  |  |  |  |  |
| **Effluent Flow Monitoring** | Provide details of any proposals to monitor the discharge flow. |
| **Licensing Authority Monitoring** | Provide a description of how the Licensing Authority will be provided 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. *(Provide grid reference below).* |
| **Location of Licensing Authority sampling point(s)****(Co-ordinates)** | **Easting** |  |  |  |  |  |  | **Northing** |  |  |  |  |  |  |



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| **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**Please place an ‘X’ in the appropriate box | Is there an Environmental Management Plan in place in respect of the site?Yes No*If ‘Yes’ please submit a copy with this application.* |

**PART IV – Section 1**

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| **A. General Details** |
| **Identify why it is not feasible to discharge to sewer.** |  |
| **Provide details of the newspaper notice.** | Name of Publication : Date of Print :*Please include one original plus the required copies of the notice.* |



**PART IV – Section 2**

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| **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** |  |  |  |  |  |  |
| *Add additional rows where necessary.***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\***Please put an ‘X’ in the appropriate box | The receiving water is located within the boundary of : An SAC, site code:An SPA, site code: None of the Above*\* Note: Where the discharge is located within the boundary of a Natura 2000 site (SAC or 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).* |
| The receiving water is designated as: *(X as appropriate)*A Salmonid WaterAn Inland Bathing Water A Pearl Mussel WaterA Drinking Water A Sensitive Water None of the Above |  |  |  |

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| **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**Please put an ‘X’ in the appropriate box | No Status ModerateBad GoodPoor High |
| **Refer to “Guidance on Applying for a Discharge Licence” for sources of information.** |
| **Receiving Water Flow Data.** | *Where available include information from existing hydrometric station / flow estimation tool.*m3 /sec Dry Weather Flow (DWF). m3 /sec Mean flow.m3 /sec 95%ile flow.Source of Information:EPA OPWHydrometric Station Reference Number: |
| *Include information from on-site flow measurement where it has been undertaken.*Flow at proposed discharge: m3/sec Date:Flow at proposed discharge: m3/sec Date:Flow at proposed discharge: m3/sec Date:Flow at nearby hydrometric station: m3/sec Date: Flow at nearby hydrometric station: m3/sec Date: Flow at nearby hydrometric station: m3/sec Date:*Provide information on rainfall for a minimum of six days preceding each flow measurement.* |
| ***Where a discharge is to a lake dispersion modelling is likely to be required. The Applicant should consult with the Licensing Authority.*** |



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| **A. (ii) Receiving Water Details - Discharge to Inland Surface Water** |
| **Receiving water background chemical data.** | **Parameter** | **Result (mean)** |
| BOD5 mgO2/l |  |
| Suspended Solids mg/l |
| pH (pH units) |
| Dissolved Oxygen mg/l O2 |
| Temperature ºC |
| 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” for guidance on reporting****monitoring data and on sampling.** |



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| **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)** | **Easting** |  |  |  |  |  |  | **Northing** |  |  |  |  |  |  |
| *Add additional rows where necessary.***All discharge locations to be indicated clearly on OS Map.** |
| **Designation\***Please put an ‘X’ in the appropriate box | The receiving water is located within the boundary of (or the discharge point is in the boundary of or within 3km of):An SAC, site code : An SPA, site code: None of the Above*\* 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).* |
| The receiving water is designated as: *(x as appropriate)*A Shellfish Water A Bathing Water A Sensitive Water None of the Above |  |  |  |
| **Name of River Basin District** | Provide the name of the River Basin District in which the discharge is located: |
| **Water Framework Directive Waterbody Status** | No Status ModerateBad GoodPoor High |
| **Refer to “Guidance on Applying for a Discharge Licence” for sources of information.** |

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



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| **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 ºC |
| 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 |
| BOD5 mg/l (Transitional Waterbody) |
| **Refer to “Guidance on Applying for a Discharge Licence” for guidance on reporting****monitoring data and on sampling.** |

**PART IV – Section 3**

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| **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?**Please “x” box if relevant. | Toxicity Testing Bioaccumulation Testing Biodegradation Testing Aquatic / Fisheries Study Modeling of Mixing Zone Other (*please specify*):*If any box is selected please submit a copy of the report with this application.* |

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| **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?**Please “x” box if relevant. | Toxicity Testing Bioaccumulation Testing Biodegradation Testing Aquatic / Fisheries Study Dispersion Modeling Other (*please specify*):*If any box is selected 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 – Section 4**

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| **Checklist for Applicant when applying for a licence to discharge to Water** |
| **Details to be Submitted** | **X the box where included** |
| 1. Fully completed, signed and dated application form (One original plus three hard copies of all associated documentation must be included.) |  |
| 2. Name & address of Applicant & Agent (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 copy of full page from the newspaper) |  |
| 6. Application fee (€380.00) |  |
| 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 load details, discharge load concentrations, 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. In the case of an application submitted by a company, has a certificate of incorporation been included? |  |

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



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| **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*



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| **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** |
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| **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 ºC |  |  |  |  |  |  |  |
|  | 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 SO4) |
| Chlorides (as Cl) |
| Phenols (as C6H5OH) |
| Detergents (as Lauryl Sulphate) |
| Faecal Coliforms CFU |
| B | **Metals** µg/l |  |  |  |  |  |  |  |
|  | Arsenic |



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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chromium |  |  |  |  |  |  |  |
| Copper |  |  |  |  |  |  |  |
| Cyanide |
| Fluoride |
| Lead |
| Nickel |
| Zinc |
| Other *(please specify)* |
| 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 |



|  |
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| **Appendix D - Dangerous Substances** |
| **Are any of the following chemicals used in the process or stored on the premises** | ***Yes/No*** | ***Are residual chemical process materials or chemical tailings from a process recovered or discharged?*** |
| **EDC (1, 2 dichloroethane (C2H4C12)) TRI trichloroethylene (C2HC13); PER perchloroethylene (C2 C14); TCB trichlorobenzene** |  |  |
| **Carbon tetrachloride, DDT and pentachlorophenol** |
| **Aldrin, dieldrin, isodrin, HCB (hexachlorobenzene), HCBD (hexachlorobutadiene) and CHCl3 (chloroform)** |
| **Cadmium** |
| **>100 kg of raw asbestos** |
| **Atrazine** |
| **Dichloromethane** |
| **Simazine** |
| **Toluene** |
| **Tributyltin** |
| **Xylenes** |
| **Arsenic** |
| **Chromium** |
| **Copper** |
| **Cyanide** |
| **Fluoride** |
| **Lead** |
| **Nickel** |
| **Zinc** |

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