

# Foirm Iarratais – Scardadh isteach i Screamhuisce



# Discharge to Ground Water Application Form

Tá an fhoirm seo le fáil i gcló mór chomh maith

This form is also available in large print

Tá míle fáilte an fhoirm seo a líonadh i nGaeilge

Local Government (Water Pollution) Acts, 1977 & 1990

Application for a licence to discharge trade and/ or domestic waste water to groundwater

## Part I – Section 1

### A. Guidance on Applying for a Discharge Licence - Groundwaters

Any person who intends to discharge domestic waste water or trade effluent to groundwater 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 - Groundwaters” 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 - Groundwaters”.

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

- they are unsure as to whether the discharge to sewer 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".

### **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 to be 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 groundwater 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, domestic or both

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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 - Groundwaters” for definitions of the Applicant and the Agent.**

## **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 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)

Signed:

Date:

(provide signature of the Agent)

## Part II – Section 1

### A. Contact Details - Applicant

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

The Applicant is:

☐

An Individual

☐

A Group of Individuals

☐

A Corporate

Name  
(Principal Contact)\*

Address

Postcode

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.

#### 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

☐

Landowner

☐

Responsible for treatment facility

☐

Other \_\_\_\_\_ (please specify)

**A (iii) Where the Applicant is a Group of Individuals provide the following details:**

Type of Group

☐

Management Company

☐

Residents Association

☐

Voluntary Group

☐

Club

☐

Other \_\_\_\_\_ (please specify)

**A (iv) Where the Applicant is a Corporate Body provide the following details:**

Type of Corporate Body

☐

Limited Company

☐

Public Limited Company

☐

Sole Trader

☐

Co-operative

☐

Partnership

☐

Other \_\_\_\_\_ (please specify)

**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

Postcode

Phone Number (day)

Phone Number (night)

Fax

E-mail

Relationship to the Applicant e.g. employee,  
consultant, partner.

## Part II – Section 2

### 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                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
| Postcode                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
| Site location (Co-ordinates)                                                        | Easting                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  | Northing |  |                        |  |  |  |  |  |  |  |
| Is the site an existing development or a new development?                           | Existing                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |          |  | New                    |  |  |  |  |  |  |  |
| Is there any existing discharge license(s) granted in relation to the site?         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |          |  | No                     |  |  |  |  |  |  |  |
|                                                                                     | Reference<br>No: _____                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |          |  | Reference<br>No: _____ |  |  |  |  |  |  |  |
| Is planning permission granted for any proposed / existing development at the site? | <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Granted<br/><br/> <input type="checkbox"/> Pending<br/><br/> <input type="checkbox"/> Not Applied For </div> <div style="width: 50%;"> Reference Number _____ </div> </div>                                                                                                                      |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |
| Have copies of the following maps / drawings been included?                         | <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Site Location Map</div> <div><input type="checkbox"/> Site Layout Map</div> <div><input type="checkbox"/> Site Drainage System Drawings</div> <div><input type="checkbox"/> None of the above</div> </div> <p>Refer to “Guidance on Applying for a Discharge Licence - Groundwaters” for details of what is to be included on the maps.</p> |  |  |  |  |  |  |          |  |                        |  |  |  |  |  |  |  |

**A (ii) Identify the sector(s) from which the proposed discharge will be generated.**

|                  |                                    |                                                          |  |
|------------------|------------------------------------|----------------------------------------------------------|--|
| Type of Premises | Please tick the box as appropriate | ✓                                                        |  |
|                  | 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        |  |

**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****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<br><input type="checkbox"/> Trade Effluent Only<br><input type="checkbox"/> Both Domestic & Trade Effluent                |
| Indicate the type of discharge to which this application relates. | <input type="checkbox"/> New Discharge<br><input type="checkbox"/> Existing Discharge                                                                                        |
| Domestic Waste water<br>(if relevant)                             | Population Equivalent (p.e.) _____<br><br>Expected Dry Weather Flow (DWF)<br>_____ m <sup>3</sup> /day.<br><b>Provide details of how the P.E. &amp; DWF were calculated.</b> |

|                                                                 |                                                                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Trade Effluent only or Domestic & Trade<br>(if relevant)        | Normal volume of effluent discharged per day is<br>_____ m <sup>3</sup> /day.                         |
|                                                                 | Maximum volume of effluent discharged in one day is<br>_____ m <sup>3</sup> /day.                     |
|                                                                 | Maximum volume of effluent discharged per hour is<br>_____ m <sup>3</sup> /hour.                      |
| Provide details of how the trade effluent flows are calculated. |                                                                                                       |
| Effluent Characteristics.                                       | <b>Complete Appendix C and Appendix D of this form.</b><br>Provide additional sheets where necessary. |

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Effluent Details</b>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>PART III – Section 1 B is to be completed by All Applicants.</b><br>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)<br>(if relevant)                                                                      | <p>Provide details of control measures proposed for the removal of FOG from the effluent prior to discharge.</p> <p>Provide technical data sheets for any equipment</p>                                                                                                                                                                                                                                                   |

|                          |                                                                                                                                                                                                                               |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | proposed.                                                                                                                                                                                                                     |
| 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 _____m <sup>3</sup> /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. |

|                             |
|-----------------------------|
| <b>Part III – Section 2</b> |
|-----------------------------|

|                                                                                                        |                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|
| <b>Part III – Section 2A is to be completed where the effluent is to be treated prior to discharge</b> |                                                                                                           |  |
| 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                                                                                                   |  |
|                                                                                                        |                                                                                                           |  |
|                                                                                                        |                                                                                                           |  |
|                                                                                                        |                                                                                                           |  |

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                              | Postcode                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                              | Phone Number (day)                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                              | Phone Number (night)                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                              | Fax                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                              | E-mail                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                              | Registered Company Details                                                                                                                                                                                                                                                                                                                                                               |  |
| Waste Water Treatment System Overview                        | <p>Provide particulars of the existing / proposed effluent treatment system. Provide copies of the treatment system process drawings. Provide details of performance standards</p> <p>Provide additional sheets where necessary.</p>                                                                                                                                                     |  |
| Is the Discharge a Direct Discharge or an Indirect Discharge | <p><input type="checkbox"/> Direct Discharge</p> <p><input type="checkbox"/> Indirect Discharge via Percolation Area, Soakage Pit Filter System or Other Method</p> <p>Where discharge is via Percolation Area, Soakage Pit, Filter System, constructed wetland or other method provide details of the design and construction of same and include such drawings as may be relevant.</p> |  |
| Hydraulic Loading                                            | <p>Effluent Discharge Rate (maximum) is _____ m<sup>3</sup>/day</p> <p>Recharge Rate is _____ m<sup>3</sup>/day</p> <p>Hydraulic loading rate (volumetric flow rate over a given percolation area) is _____ m<sup>3</sup>/day</p>                                                                                                                                                        |  |

## 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 | Provide details of the proposals for the treatment system maintenance. |
|------------------|------------------------------------------------------------------------|

|               |                                                                        |
|---------------|------------------------------------------------------------------------|
| 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

#### 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)<br>(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 the discharge to ground. (Provide grid reference below). |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Location of Licensing Authority sampling point(s)<br>(Co-ordinates) | Easting                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  | Northing |  |  |  |  |  |  |  |

|                                                                                                                                                                                                 |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>B. Pollution Control</b>                                                                                                                                                                     |                                                                   |
| <p><u>PART III – Section 3 B</u> is to be completed by All Applicants.</p> <p>Provide details of any pollution control measures proposed.</p> <p>Provide additional sheets where necessary.</p> |                                                                   |
| 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>If 'Yes' please submit a copy with this application.</p> |  |

#### Part IV – Section 1

|                                                        |                                                                                                                            |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>A. General Details</b>                              |                                                                                                                            |
| Identify why it is not feasible to discharge to sewer. |                                                                                                                            |
| Provide details of the newspaper notice.               | Name of Publication: _____<br>Date of Print: _____<br>(Please include one original plus the required copies of the notice) |

## Part IV – Section 2

| <b>A. Aquifer Characteristics &amp; Receptor Details</b>                                                    |  |         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |          |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------|--|---------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|----------|--|--|--|--|--|--|--|
| Name of Receiving Water                                                                                     |  |         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Location of Discharge<br>(Co-ordinates)                                                                     |  | Easting |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  | Northing |  |  |  |  |  |  |  |
| Add additional rows where necessary.<br>All discharge locations to be indicated clearly on a 1-2500 OS Map. |  |         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Name of River Basin District                                                                                |  |         |  | Provide the name of the River Basin District in which the discharge is located _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Water Framework Directive<br>Waterbody Status                                                               |  |         |  | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> No Status         </div> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Moderate         </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Bad         </div> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Good         </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Poor         </div> <div style="text-align: center;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> High         </div> </div> |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Designation*                                                                                                |  |         |  | The receiving water is located within the boundary of: (tick as appropriate) <div style="margin-top: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> An SAC, site code _____           </div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> An SPA, site code _____           </div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> None of the Above           </div> <div style="margin-top: 20px;"> <p>* Note: Where the discharge is located within the boundary of a Natura 2000 site (SAC or SPA), or where a discharge is likely to impact on a nearby 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).</p> </div>                                                                                                         |  |  |  |  |  |          |  |  |  |  |  |  |  |
| Is GWDTE Located within 1km of the Discharge?                                                               |  |         |  | <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> Yes         </div> <div> <input style="width: 40px; height: 25px; border: 1px solid black;" type="checkbox"/> No         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |          |  |  |  |  |  |  |  |

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nearby Surface Water Features                                                                      | Show the location of nearby surface waters e.g. rivers, streams, lakes and field drainage ditches within 250m of the discharge on a map                                                                                                                                                                                                                                                                                                                                                                                                    |
| Drinking Water Abstractions                                                                        | <p>Provide the name of Public/Group Water Supply Schemes within 1km of the discharge and mark their location on a map.</p> <p>Mark the location of any domestic wells located within 250m of the discharge on a map.</p> <p>-----</p> <p>Is the discharge located within the Zone of Contribution or Source Protection Zone of a Groundwater Protection Scheme?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> None Delineated</p> <p>If Yes, provide copy of report and maps.</p> |
| Soil & Bedrock                                                                                     | <p>Soil type _____</p> <p>Subsoil type _____</p> <p>Bedrock Type _____</p> <p>Karst features _____</p> <p>Provide copies of reports and maps as relevant.</p>                                                                                                                                                                                                                                                                                                                                                                              |
| Aquifer Category and Vulnerability                                                                 | <p>Identify Aquifer Category _____</p> <p>Identify Vulnerability Rating _____</p> <p>Provide copies of reports and maps as relevant.</p>                                                                                                                                                                                                                                                                                                                                                                                                   |
| Topography & Groundwater Flow Direction                                                            | <p>Identify slope of land at the point of discharge i.e. Steep (&gt;1:5), Shallow (1:5-1:20), or Relatively Flat (&lt;1:20) _____</p> <p>Mark groundwater flow direction on a map.</p>                                                                                                                                                                                                                                                                                                                                                     |
| Depth to Water Table                                                                               | Where available provide depth to water table: _____m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Refer to "Guidance on Applying for a Discharge Licence - Groundwaters" for sources of information. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| A. Groundwater Background Concentrations   |                               |               |
|--------------------------------------------|-------------------------------|---------------|
| Receiving Water Background Concentrations. | Parameter                     | Result (mean) |
|                                            | Total Dissolved Solids mg/l   |               |
|                                            | pH (pH units)                 |               |
|                                            | Colour                        |               |
|                                            | Temperature °C                |               |
|                                            | Electrical Conductivity µS/cm |               |

|                                                                                                                    |                                                   |  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
|                                                                                                                    | Total Hardness mg/l CaCO <sub>3</sub>             |  |
|                                                                                                                    | Total Ammonia as mg/l NH <sub>4</sub> – N         |  |
|                                                                                                                    | Un-ionised Ammonia as mg/l N                      |  |
|                                                                                                                    | Molybdate Reactive Phosphorus as (unfiltered MRP) |  |
|                                                                                                                    | Total Phosphorus as mg/l P                        |  |
|                                                                                                                    | Nitrite as mg/l NO <sub>2</sub> – N               |  |
|                                                                                                                    | Nitrate as mg/l NO <sub>3</sub> – N               |  |
|                                                                                                                    | Total Nitrogen mg/l N                             |  |
|                                                                                                                    | Total organic carbon (TOC)                        |  |
|                                                                                                                    | Chloride mg/l                                     |  |
|                                                                                                                    | Sulphate mg/l                                     |  |
|                                                                                                                    | Sodium mg/l                                       |  |
|                                                                                                                    | Magnesium µg/l                                    |  |
|                                                                                                                    | Manganese µg/l                                    |  |
|                                                                                                                    | Iron µg/l                                         |  |
|                                                                                                                    | Escherichia coli (E.coli) number/100 ml           |  |
|                                                                                                                    | Total Coliforms number/100 ml                     |  |
|                                                                                                                    | Cryptosporidium number/100 ml                     |  |
| Refer to “Guidance on Applying for a Discharge Licence” for guidance on reporting monitoring data and on sampling. |                                                   |  |

### Part IV – Section 3

| A. Impact of Discharge - Site Suitability/Characterisation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tier 1 Assessment                                          | A Tier 1 Assessment must be carried out in support of all applications to discharge to groundwater.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Tier 2 Assessment                                          | <p>A Tier 2 Assessment must be carried out for the following:</p> <p>Where the proposed discharge is an input greater than 5 m<sup>3</sup>/d and less than or equal to 20 m<sup>3</sup>/d of domestic waste water associated with OSWTS and ICWs;</p> <p>Where the proposed discharge is a trade effluent (moderate risk);</p> <p>Where the Tier 1 Assessment indicates uncertainty about the risk of impact to groundwaters, the Applicant must proceed to a Tier 2 Assessment.</p> <p>Note that an Applicant may be requested to conduct a Tier 2 Assessment where the Licensing Authority, following a risk screening of the discharge, deems that there is a moderate risk of impact to groundwaters from the discharge.</p> |
| Tier 3 Assessment                                          | A Tier 3 Assessment must be carried out for applications to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                    | <p>discharge to groundwater that relate to the following activities:</p> <p>Inputs greater than 20 m<sup>3</sup>/d of domestic waste water;</p> <p>Discharges from Landfills;</p> <p>Where the proposed discharge is a trade effluent (high risk)</p> <p>Where the Tier 1 and Tier 2 Assessments indicate uncertainty about the risk of impact to groundwaters, the Applicant must proceed to a Tier 3 Assessment.</p> <p>Note that an Applicant may be requested to conduct a Tier 3 Assessment where the Licensing Authority, following a risk screening of the discharge, deems that there is a high risk of impact to groundwaters from the discharge.</p> |
| <p>Refer to “Guidance on Applying for a Discharge Licence - Groundwaters” for guidance on Carrying out a Tier 1, Tier 2 and Tier 3 Assessment.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## Part IV – Section 4

| Checklist for Applicant                                                                                                                                                                                                                                                                                                                  |                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Details to be Submitted                                                                                                                                                                                                                                                                                                                  | Tick Box where included |
| Fully completed, signed and dated application form (1 hard copy and one electronic copy forwarded by email to <a href="mailto:environment@galwaycoco.ie">environment@galwaycoco.ie</a> . If the document is too large to send by email please contact the Environment Section for instruction on how to submit documents via One Drive). |                         |
| Name & address of Applicant & Agent                                                                                                                                                                                                                                                                                                      |                         |
| Has the type of discharge been identified i.e. new or existing / domestic or trade?                                                                                                                                                                                                                                                      |                         |
| Has location of discharge been identified on a location map?                                                                                                                                                                                                                                                                             |                         |
| Newspaper Notice (one hard copy)                                                                                                                                                                                                                                                                                                         |                         |
| Application fee of €380                                                                                                                                                                                                                                                                                                                  |                         |
| Site location map at scale 1:50,000                                                                                                                                                                                                                                                                                                      |                         |
| Site layout map at scale of 1:2500                                                                                                                                                                                                                                                                                                       |                         |
| Drainage system drawings at scale no greater than 1:2500                                                                                                                                                                                                                                                                                 |                         |
| Description of process giving rise to trade effluent                                                                                                                                                                                                                                                                                     |                         |
| Description of the proposed method of effluent treatment including details of percolation area (including measures for the control of FOG where appropriate)                                                                                                                                                                             |                         |
| Treatment system process drawings                                                                                                                                                                                                                                                                                                        |                         |
| Treatment system operation & maintenance details                                                                                                                                                                                                                                                                                         |                         |
| Effluent quality, discharge load details and concentration                                                                                                                                                                                                                                                                               |                         |
| Receiving water quality assessment (physico-chemical & microbial)                                                                                                                                                                                                                                                                        |                         |
| Hydraulic loading calculations                                                                                                                                                                                                                                                                                                           |                         |
| Site investigation results including soil and subsoil characterisation, trial hole and percolation testing.                                                                                                                                                                                                                              |                         |
| Details of designated areas (including designation of waters)                                                                                                                                                                                                                                                                            |                         |
| Proposals for dealing with sludge (where relevant)                                                                                                                                                                                                                                                                                       |                         |
| Emergency procedures in case of plant breakdown or pollution incident (including details of storage facilities onsite).                                                                                                                                                                                                                  |                         |
| Results of Tier1/Tier2/Tier3 assessment as appropriate                                                                                                                                                                                                                                                                                   |                         |

**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

### Appendix B - Off-site Waste Disposal

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

## 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                                                                  |                                               | Prior to Treatment (if any) |            |      | As discharged |            |      |           |
|----------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|------------|------|---------------|------------|------|-----------|
| Concentrations in mg/l unless otherwise stated                             |                                               |                             |            |      |               |            |      |           |
| Characteristic                                                             |                                               | Max. Hourly                 | Max. Daily | Mg/l | Max. Hourly   | Max. Daily | Mg/l | % Removal |
| Note: Section A = to be completed where discharging domestic effluent only |                                               |                             |            |      |               |            |      |           |
| Section A-E = to be completed where discharging to a trade effluent        |                                               |                             |            |      |               |            |      |           |
| 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 <sub>4</sub> )               |                             |            |      |               |            |      |           |
|                                                                            | Chlorides (as Cl)                             |                             |            |      |               |            |      |           |
|                                                                            | Phenols (as C <sub>6</sub> H <sub>5</sub> OH) |                             |            |      |               |            |      |           |
|                                                                            | Detergents (as Lauryl Sulphate)               |                             |            |      |               |            |      |           |
|                                                                            | Escherichia coli (E.coli) number/100 ml       |                             |            |      |               |            |      |           |
|                                                                            | Total Coliforms number/100 ml                 |                             |            |      |               |            |      |           |
|                                                                            | Cryptosporidium number/100 ml                 |                             |            |      |               |            |      |           |

|   |                                                                                                                   |  |  |  |  |  |  |  |
|---|-------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| B | <b>Metals µg/l</b>                                                                                                |  |  |  |  |  |  |  |
|   | Arsenic                                                                                                           |  |  |  |  |  |  |  |
|   | Chromium                                                                                                          |  |  |  |  |  |  |  |
|   | Copper                                                                                                            |  |  |  |  |  |  |  |
|   | Cyanide                                                                                                           |  |  |  |  |  |  |  |
|   | Fluoride                                                                                                          |  |  |  |  |  |  |  |
|   | Iron                                                                                                              |  |  |  |  |  |  |  |
|   | Lead                                                                                                              |  |  |  |  |  |  |  |
|   | Magnesium                                                                                                         |  |  |  |  |  |  |  |
|   | Manganese                                                                                                         |  |  |  |  |  |  |  |
|   | Nickel                                                                                                            |  |  |  |  |  |  |  |
|   | Zinc                                                                                                              |  |  |  |  |  |  |  |
|   | Other (please specify)                                                                                            |  |  |  |  |  |  |  |
| C | <b>Pesticides &amp; Solvents:</b>                                                                                 |  |  |  |  |  |  |  |
|   | 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 | <b>Other:</b>                                                                                                     |  |  |  |  |  |  |  |
|   | Other relevant characteristics including fish toxicity data from tests carried out on all or part of the effluent |  |  |  |  |  |  |  |

| 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 (C <sub>2</sub> H <sub>4</sub> Cl <sub>2</sub> ))                                        |        |                                                                                                      |
| TRI trichloroethylene (C <sub>2</sub> HCl <sub>3</sub> );                                                         |        |                                                                                                      |
| PER perchloroethylene (C <sub>2</sub> Cl <sub>4</sub> );                                                          |        |                                                                                                      |
| TCB trichlorobenzene                                                                                              |        |                                                                                                      |
| Carbon tetrachloride, DDT and pentachlorophenol                                                                   |        |                                                                                                      |
| Aldrin, dieldrin, isodrin, HCB (hexachlorobenzene), HCBd (hexachlorobutadiene) and CHCl <sub>3</sub> (chloroform) |        |                                                                                                      |
| Cadmium                                                                                                           |        |                                                                                                      |
| >100 kg of raw asbestos                                                                                           |        |                                                                                                      |
| Atrazine                                                                                                          |        |                                                                                                      |
| Dichloromethane                                                                                                   |        |                                                                                                      |
| Simazine                                                                                                          |        |                                                                                                      |
| Toluene                                                                                                           |        |                                                                                                      |
| Tributyltin                                                                                                       |        |                                                                                                      |
| Xylenes                                                                                                           |        |                                                                                                      |
| Arsenic                                                                                                           |        |                                                                                                      |
| Chromium                                                                                                          |        |                                                                                                      |
| Copper                                                                                                            |        |                                                                                                      |
| Cyanide                                                                                                           |        |                                                                                                      |
| Fluoride                                                                                                          |        |                                                                                                      |
| Lead                                                                                                              |        |                                                                                                      |
| Nickel                                                                                                            |        |                                                                                                      |
| Zinc                                                                                                              |        |                                                                                                      |

|                                                                                                                                                                                                      |                                                                                                                          |                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Seol an fhoirm ar ais chuig:</b><br><b>Ionad timpeallachta</b><br><b>Comhairle Chontae na Gaillimhe</b><br><b>Áras an Chontae</b><br><b>Cnoc na Radharc</b><br><b>Gaillimh</b><br><b>H91 H6KX</b> | <b>Return to:</b><br>Environment Unit<br>Galway County Council<br>Áras an Chontae<br>Prospect Hill<br>Galway<br>H91 H6KX | Tel. (091) 509510<br>Fax. (091) 769590<br><a href="mailto:environment@galwaycoco.ie">environment@galwaycoco.ie</a><br><a href="http://www.gaillimh.ie">www.gaillimh.ie</a><br><a href="http://www.galway.ie">www.galway.ie</a> |
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