

Form WRF: Administrative variations to existing licences

Water Resources Act 1991, Environment Act 1995, The Water Resources (Abstraction and Impoundment) Regulations 2006, The Natural Resources Body for Wales (Functions) Order 2012



Cyfoeth
Naturiol
Cymru
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Resources
Wales

1. Type of variation

Indicate the change(s) you wish to make to your licence(s) here. All applicants must complete Sections 2, 3, 4 and 10, and the relevant Sections specified below.

- | | | |
|---|-------------------------------------|------------------------------|
| To make an administrative change to a licence | <input checked="" type="checkbox"/> | Complete Section 5 |
| To reduce abstraction quantities | <input type="checkbox"/> | Complete Section 6 |
| To revoke your licence | <input type="checkbox"/> | Complete Section 7 |
| Apportion (split) a licence | <input type="checkbox"/> | Complete Sections 7, 8 and 9 |
| To transfer Licence Holder | <input type="checkbox"/> | Complete Section 8 |

2. The licence(s) you want to change

2.1 Provide the licence serial number(s) which the proposed change relates to

23/66/9/0014

Natural Resources Wales
Fully Received

28 FEB 2019

2.2 Is this proposal as a result of a Restoring Sustainable Abstraction programme or other work requested by us? No ☐ Yes ☐ If yes, provide details below

2.3 Are you making this application as part of an agreement to trade water rights?

No ☒ Yes ☐ If yes, provide details below and complete Sections 3, 7, 9 and 10

3. Current Licence Holder details

Provide details of the current Licence Holder. See Guidance Note WRX for information regarding details required and signatories permissible for organisations.

Title

Full Name

TREFRIW WOOLLEN MILLS LTD

Company, Charity or Trading Name

TREFRIW WOOLLEN MILLS LTD,

Company or Charity Registration Number

00552259

Registered Address

TREFRIW,
CONWY COUNTY,

Postcode: LL27 0NQ

Telephone Number

Office: 01492 640462
Mobile:

Email Address

elaine@t-w-m.co.uk

4. Details of individual or agent authorised to act as a point of contact

This is who we will correspond with unless otherwise informed. If an agent signs on behalf of an applicant, a letter of authorisation from the applicant is required.

Title	MR	Full Name	MORGAN WILLIAMS
Company, Charity or Trading Name	TREFRIW WOOLLEN MILLS LTD.		
Position in Company	DIRECTOR		
Address	TREFRIW CONWY COUNTY Postcode: LL27 0NQ		
Telephone Number	Office: 01492 640462 Mobile:		
Email Address	elaine@t-w-m.co.uk		

Specify who we should contact with regard to:

Operations (on site) contact	Applicant	<input type="checkbox"/>	Agent	<input type="checkbox"/>
Invoice contact	Applicant	<input type="checkbox"/>	Agent	<input type="checkbox"/>
Abstraction records (returns) contact	Applicant	<input type="checkbox"/>	Agent	<input type="checkbox"/>

5. Administrative Change(s)

Provide details of the administrative change(s) you wish to make and the reasons for this change. Complete one row for each change(s) proposed.

Current licence	Change proposed	Reason for change
23/66/9/0014	REVERT TO SCHEDULE OF CONDITIONS B	PROPOSED NEW TURBINE NOT INSTALLED,
CURRENT LICENCE 23/66/9/0014 B.7 MEANS OF MEASUREMENT OF WATER ABSTRACTED	23/ REMAIN CALCULATING WATER ABSTRACTING USING HOURS RUN.	HAVE ALWAYS USED THIS METHOD WHEN COMPLETING OUR RETURNS WITH FORM WR72 (SECTION 4.2)

6. Reduction in licensed quantities

6.1 Provide the current and proposed quantities for each abstraction point.

Abstraction National Grid Reference (12 digit)	Maximum annual volume (cubic metres)	Maximum daily volume (cubic metres)	Maximum hourly volume (cubic metres)
	Current: Proposed:	Current: Proposed:	Current: Proposed:
	Current: Proposed:	Current: Proposed:	Current: Proposed:
	Current: Proposed:	Current: Proposed:	Current: Proposed:

6.2 Is this licence aggregated with another? No ☐ Yes ☐

If yes, provide licence serial number.

7. Revocation declaration

Please enclose your licence(s) with this application. Tick the statements that apply.

All licences

I request that the licence(s), whose serial number(s) is/are provided in Section 2, is/are revoked ☐

I accept that any new licence(s) applied for in future may not be granted on the same terms, or at all ☐

Abstraction licence

I understand that if I want to abstract more than 20 cubic metres per day after the licence is revoked, I must apply for a new licence ☐

Impoundment licence

I confirm that the works authorised by the licence serial number provided in Section 2 have not been constructed ☐

8. Transfer of Licence Holder / apportioning a licence

Proposed new Licence Holder details

8.1 Specify if you want to transfer the entire licence or apportion some of your licensed quantities to a new Licence Holder.

Transfer of Licence Holder ☐ Complete this section and Section 10
Apportion the licence ☐ Complete this section and Sections 9 and 10

8.2 What date do you want the licence to be transferred?

8.3 Provide details of the proposed new Licence Holder below. For additional Licence Holders, please use a separate sheet and tick here to show that you have done this. ☐

Title

Full Name

Company, Charity or Trading Name	<input type="text"/>
Company or Charity Registration Number	<input type="text"/>
Position in Company	<input type="text"/>
Registered Address	<input type="text"/>
	Postcode: <input type="text"/>
Telephone Number	Office: <input type="text"/> Mobile: <input type="text"/>
Email Address	<input type="text"/>

Specify who we should contact with regard to:

Operations (on site) contact Original Licence Holder ☐ New Licence Holder ☐

Invoice contact Original Licence Holder ☐ New Licence Holder ☐

Abstraction records (returns) contact Original Licence Holder ☐ New Licence Holder ☐

To provide details for additional contacts, please use a separate sheet and tick here to show that you have done this. ☐

8.4 Entitlement to apply

Does the proposed new Licence Holder have a legal right of access to the point of abstraction?

Has a right of access ☐ Occupies / owns land ☐

Provide a map/evidence as outlined in Guidance Note WRX and tick here to show that you have done this. ☐

9. Apportionments of quantities

Complete the below table to show how the licensed quantities will be split between multiple Licence Holders.

Licence Holder	Period of abstraction (dates / number of hours a day)	Maximum annual volume (cubic metres)	Maximum daily volume (cubic metres)	Maximum hourly volume (cubic metres)

10. Signatures: current Licence Holder (for all changes), and proposed Licence Holder(s) for Transfers and Apportionments

Existing Licence Holder's signature

Title	<input type="text"/>	Full Name	TREFRIW WOOLLEN MILLS LTD .
Position	DIRECTOR		
Signature	M. Williams .		
Date	25.02.19		

Proposed new Licence Holder's signature, if applicable

Title	<input type="text"/>	Full Name	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text"/>		

Additional proposed new Licence Holder's signature, if applicable

Title	<input type="text"/>	Full Name	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text"/>		

Application Checklist

Please tick the following checklist items to indicate that you have included the required information. If any sections of the form are left blank and no supporting information submitted, where we have insufficient information to make a decision on your application, we will return your form to you.

- | | |
|--|--------------------------|
| For transfer of Licence Holder, a map showing the land ownership boundary with all abstraction point(s) clearly marked or the evidence outlined in Guidance Note WRX | <input type="checkbox"/> |
| For revocations, a copy of the original licence | <input type="checkbox"/> |
| Additional contact details | <input type="checkbox"/> |

For Natural Resources Wales' use only:

Date received _____ Reference Number _____

