

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

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. Natural Resources Wales
Fully Received

WA/055/0007/007

07 JAN 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 Cardiff

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 **MR** Full Name **AUSTIN GWILLIM**

Company, Charity or Trading Name

RHYDYBONT HYDRO

Company or Charity Registration Number

Registered Address

**RHYDYBONT FARM, HOSPITAL ROAD
TALGARTH
POWYS
Postcode: LD3 0EE**

Telephone Number

Office: **01874 711 346**
Mobile:

Email Address

rhydybont farm @ gmail . com

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	AUSTIN GWILLIM
Company, Charity or Trading Name	RHYDYBONT HYDRO		
Position in Company	OWNER		
Address	RHYDYBONT FARM, HOSPITAL ROAD TALGARTH POWYS Postcode: LD3 0EE		
Telephone Number	Office: 01874 711 346 Mobile:		
Email Address	rhydybontfarm@gmail.com		

Specify who we should contact with regard to:

Operations (on site) contact	Applicant	<input checked="" type="checkbox"/>	Agent	<input type="checkbox"/>
Invoice contact	Applicant	<input checked="" type="checkbox"/>	Agent	<input type="checkbox"/>
Abstraction records (returns) contact	Applicant	<input checked="" 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
WA/055/0007/ 007	PLAN IN PERMIT INCORRECT	INSPECTING OFFICER REQUEST NEW PLAN
		PETER ALAN JONES INSPECTING OFFICER MONMOUTH OFFICE

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:	Current:	Current:
	Proposed:	Proposed:	Proposed:
	Current:	Current:	Current:
	Proposed:	Proposed:	Proposed:
	Current:	Current:	Current:
	Proposed:	Proposed:	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

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Postcode:

Office: _____
Mobile: _____

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Operations (on site) contact	Original Licence Holder <input type="checkbox"/>	New Licence Holder <input type="checkbox"/>
Invoice contact	Original Licence Holder <input type="checkbox"/>	New Licence Holder <input type="checkbox"/>
Abstraction records (returns) contact	Original Licence Holder <input type="checkbox"/>	New Licence Holder <input type="checkbox"/>

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" value="MR"/>	Full Name	<input type="text" value="AUSTIN GWILLIM"/>
Position	<input type="text" value="OWNER"/>		
Signature	<input type="text" value="A. Gwillim"/>		
Date	<input type="text" value="3-1-2019"/>		

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 _____