



ENVIRONMENT
AGENCY

WATER RESOURCES ACT 1991 (schedule 10)

(as amended by the Environment Act 1995)

Application for ~~new consent~~/variation to an existing consent* to discharge

(* delete as appropriate)

Regional/Area Address:

Regional Finance Manager
Environment Agency
P.O Box 663
Cardiff CF2 1YD

Official Use Only

Dist/Area Ref: WEP2

Application No. BPO230101

Date Received: 28.6.99.

Fee Received: £617.00

Each applicant must complete the main form and may need to complete a separate annexe if appropriate. Please look through the form and read the notes carefully before you complete it. Processing of your application will be aided by full and accurate completion of all the relevant sections and provision of the necessary plans. If you have any queries regarding the form please contact the person given in the notes.

NOTE:

All information contained within this application will be made available on the public register unless there is a request to withhold any of it. Any such request should provide a full justification stating why the information needs to be withheld.

1 SITE ADDRESS

1.1 Address or other sufficient description of land or premises to which this application applies.

DEVILS BRIDGE STW
Nr. ABERYSTWYTH
CEREDIGION



Post Code:

2 DETAILS OF DISCHARGE(S)

2.1 State the nature of the discharge(s) (see note i and ii) - tick one or more boxes as appropriate:-

Sewage Effluent - volume of 5 cubic metres per day or less

Sewage Effluent - volume greater than 5 cubic metres per day (complete annexe 1)

Sewage Effluent discharged under storm or emergency conditions (complete annexe 2)

Cooling Water (complete annexe 3)

Trade Effluent (including site drainage) (complete annexe 3)

Others (please specify)

2.2 Please state the maximum quantity it is proposed to discharge in any one day 140 m³/day
Briefly state how this figure was calculated (see note ii).

Population (P) 120 Consumption (G) 0.185 m³/h/d. Infiltration (I) 38% P/G
 $6PG + I = 140 \text{ m}^3/\text{d}.$

2.3 a) Indicate proposed means of discharge - tick as appropriate and show on plan:-
(for 1, 2 & 3 please state dimensions below)

1. Pipe

4. Borehole

7. Sub-Irrigation System

2. Channel

5. Well

8. Combination of 6. & 7.

3. Culvert

6. Soakaway

9. Other (please specify below)

150 mm

b) National Grid Reference(s) of point(s) of discharge (see note iii).

S N / 7 3 7 0 / 7 7 0 0 (please indicate on accompanying plans)

2.4 a) The Agency will normally require adequate provision for the taking of samples of the discharge in a safe and convenient manner at any time. Please indicate the means proposed (see note iv) - tick as appropriate and show on plan:-

At the outlet

At a manhole or sampling chamber

Other (please specify)

b) National Grid Reference(s) of sampling point(s). (If different from 2.3 b) above)

S N / 7 3 9 5 / 7 6 8 5 (please indicate on accompanying plans)

c) What flow measurement facilities will be provided (see note v)?

Please give details.

✓ notch

5 DETAILS OF APPLICANT AND OTHER INFORMATION

5.1 (See general notes and note ix)

(a) Full name and postal address of applicant. This should be the person who will become the consent holder should consent be issued.

* DWR CYMRU / WELSH WATER
* PLAS Y FFYNNON
* CAMBRIAN WAY
* BRECON
* POWYS

Post Code: WD3 7HP

Daytime Telephone Number: 01874 623181

Company Registration Number (if appropriate): 2366777

(b) Agent (if any) - Full name and postal address.

*
*
*
*
*
*

Post Code:

Contact Name and Daytime Telephone Number:

5.2

Please give full name and address to which bills should be sent if different to that given above:

*
*
*
*
*
*

Post Code:

Daytime Telephone Number:

5.3 Are there any other factors to be taken into account? Please continue on a separate sheet if necessary.

DECLARATION

I/we:

1. apply under the Water Resources Act 1991 (as amended by the Environment Act 1995) for consent to discharge, as described in this Application. "This Application" means this page, all the other pages of this form and any attached annexes, the attached plan(s), any other sheets attached, and any other written information supplied to support the application.
2. enclose the required application fee, payable to the Environment Agency (see note x).
3. enclose 3 copies of the plan(s) and location maps with all relevant information clearly marked (see note xi).
4. will pay required advertising costs (see note xii).
5. confirm that ~~I~~we* will notify the Environment Agency of any changes in the information in this application which might be material to the continuation of the consent.
6. confirm that the information given in this application and any questions which the Environment Agency may have about it is/will* be true to the best of my/our* knowledge, information and belief and ~~am~~are* not aware of any other facts or information which might affect the granting of a consent, or conditions which might be put on it (see note xiii).
7. confirm that ~~I~~we* will pay any annual charges due should a consent be granted YES/NO*. If no please indicate who will by completing section 5.2 above (see note xiv).

(* Delete as appropriate)

SIGNED: <u>A. R. Andrews</u>	PRINT NAME: <u>ANDREWS</u>
ON BEHALF OF: <u>Dwr Cymru Cym</u>	DATED: <u>24.6.99</u>

o o o

CONFIDENTIALITY

I/we apply for commercial confidentiality and enclose a full written justification (see note xv).

SIGNED:	DATED:
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PLEASE RETURN THIS FORM TO THE ADDRESS GIVEN ON THE FRONT PAGE

2.5 a) Type of Treatment Plant(s) to be used (please specify make and model) - tick as appropriate:-

Septic Tank Package Sewage Treatment Works Other

PRIMARY SETTLEMENT, SUBMERGED AERATED MEDIA,
HUMUS SETTLEMENT, REED BED

b) Will the treatment process involve the use of any chemicals (eg ferric salts, polyelectrolytes) Y/N
If yes please give details.

2.6 a) On what date do you anticipate the discharge will commence? N/A 1. / 1

EXISTING

b) If you require the consent for a limited time period please give dates; from: / /

to: / /

c) If the discharge is not continuous please detail the period/circumstances when it will occur.

2.7 a) Are there any existing consents for discharge from the premises (see note vi)? Y/N

If yes, please give the reference numbers (Any further information should be given in section 5.3).

BP0230101

b) Has any person had a Prohibition Notice served on them in respect of this site? Y/N
If yes, please give the reference number.

3 SITE DETAILS

3.1 Please give the name of the relevant Planning Authority.

CEREDIGION COUNTY COUNCIL

3.2 Please give details of the premises - tick as appropriate:-

- | | | | |
|---|--------------------------|----------------------------|-------------------------------------|
| 1. Single Dwelling | <input type="checkbox"/> | 6. Fish Farm | <input type="checkbox"/> |
| 2. Multiple Dwellings | <input type="checkbox"/> | 7. Mineral Workings | <input type="checkbox"/> |
| 3. Industrial Premises | <input type="checkbox"/> | 8. Water Services plc STW | <input checked="" type="checkbox"/> |
| 4. Vehicle Parking Area | <input type="checkbox"/> | 9. Water Supply | <input type="checkbox"/> |
| 5. Commercial Premises (please specify) | <input type="checkbox"/> | 10. Other (please specify) | <input type="checkbox"/> |

3.3 Please indicate source of the water supply - tick as appropriate:-

N/A

- | | | | |
|--|--------------------------|---|--------------------------|
| 1. Well | <input type="checkbox"/> | 5. River (please give name below) | <input type="checkbox"/> |
| 2. Borehole | <input type="checkbox"/> | 6. Estuary (please give name below) | <input type="checkbox"/> |
| 3. Precipitation (eg. rain or snow) | <input type="checkbox"/> | 7. Coastal Water (please give name below) | <input type="checkbox"/> |
| 4. Mains (please state water supply company) | <input type="checkbox"/> | | |

4 DETAILS OF RECEIVING ENVIRONMENT

4.1 Receiving Medium - tick the category(s) to which the proposed discharge(s) is(are) to be made:-

- | | | | |
|--|-------------------------------------|---------------------------------|--------------------------|
| 1. Estuarial Water (tidal river or stream) | <input type="checkbox"/> | 5. Into Land | <input type="checkbox"/> |
| 2. River or Stream (non-tidal) | <input checked="" type="checkbox"/> | 6. Onto Land | <input type="checkbox"/> |
| 3. Canal | <input type="checkbox"/> | 7. Directly into Groundwater | <input type="checkbox"/> |
| 4. Lake, Loch or Pond | <input type="checkbox"/> | 8. Coastal Water (see note vii) | <input type="checkbox"/> |

State name of receiving water if known:

4.2 In the case of sub-irrigation systems, soakaways or boreholes:-

N/A

- (a) Is any part of the system within 5 metres of the boundary of the premises? Y/N
- (b) Is any part of the system within 10 metres of a watercourse? Y/N
- (c) Is any part of the system within 50 metres of a borehole or spring? Y/N
- (d) For wells and boreholes state dimension(s) in metres. m
- (e) For sub-irrigation systems, soakaway pits, wells and boreholes, state maximum depth in metres. m
- (f) For boreholes, state details of lining in metres:
- (i) Depth of lining m
- (ii) Depth of perforated lining m
- (iii) Depth of unperforated lining m
- (g) A percolation test must be carried out in accordance with British Standard BS6297:1983.
Have the results been provided? Y/N

4.3 Is there a foul sewer available to which the discharge(s) could be made (see note viii)? Y/N

If yes, please give the reasons it is not practical to connect to it (eg. distance, flow etc.).

N/A



ANNEXE 1

SEWAGE EFFLUENT GREATER THAN 5 CUBIC METRES PER DAY

Please complete this annexe if you are proposing to discharge more than 5 cubic metres per day of sewage effluent (if the effluent is to contain a trade component Annexe 3 should also be completed).

Official Use Only Application No.

1. Site Name.

DEVILS BRIDGE STW

2. Please detail the type and number of treatment units you are proposing to use.

1 x PRIMARY TANK
1 x SUBMERGED AERATED MEDIA TANK
1 x HUMUS TANK
1 x REED BED

3. Volume, rates and overflow settings. (Please give volumes in cubic metres per day or litres per second as indicated below)

- a) Maximum flow to full treatment. (see note (ii) in main guidance notes for population equivalents) 140 m³/d
b) Dry weather flow of discharge(s) 29 m³/d
c) Average daily flow. 1.5 x DWF 43 m³/d
d) Maximum rate of discharge(s) 1.6 l/s

4. Will there be provisions for storm/emergency discharges? If yes, please complete Annexe 2. Y/N

5. a) Will any self monitoring take place? If yes, please give details. Y/N

[Empty box for self monitoring details]

b) Will automatic sampling equipment be provided? If yes, please give details of type and location (please indicate on plan). Y/N

[Empty box for automatic sampling equipment details]

6. a) Please state the maximum population served by the treatment works.

120 summer max.

b) Please give reasons for any variations in population eg. holiday resort, training area, seasonal industry etc. and detail the periods/times involved.

Holiday area winter min popn. estimated 50

c) Please state type of catchment/site being served eg. residential, resort, industrial etc.

residential / agricultural

7. Will a maintenance agreement be set up to manage the sewage works? (see note b)
If yes, please give details.

Y/N

8. Does the effluent contain a trade component?
If yes, please complete appropriate section on Annexe 3 for authorised discharges of trade effluent to the sewerage system.

Y/N

Notes (see also the notes attached to the main form):

- a) For significant sewage treatment plants full details of the plant design, dry weather flow and Biochemical Oxygen Demand load, along with information on all discharges from the works must be included in order for the application to be processed. Flow monitoring will normally be required for such discharges and details of siting and type of flow recorders should be provided.
- b) The Agency require a single body or company to be responsible for the discharge and any bills raised under the Charges for Discharges Scheme. Where multiple dwellings under different ownership are connected to the same system a management company should be set up.



ANNEXE 4

WELSH REGION SUPPLEMENTARY INFORMATION ANNEXE

Please complete this annexe for every proposed discharge.

Official Use Only
Application No.

For all proposed discharges:

1. Site Name.

DEVILS BRIDGE STW

2. Is this application being made to reinstate a lapsed Consent?

Y/N

If so, please state the Number of the lapsed Consent:

IMPORTANT: If you are in need of advice on either part of question 2, please contact the Agency Regional Consents Section on 01222 770088.

3. If the proposed discharge is to be made down a pipe, channel or culvert (as given in Section 2.3 in the main application form), please state the diameter (including units):

150 mm

4. Please indicate the anticipated cost of the proposed scheme, including any alternatives which may have been considered:

Application is for change to descriptive consent because of low impact on receiving water as demonstrated by Invertebrate Ecology sampling.
Cost of sampling £1K

5. Is there any trade effluent component in the proposed discharge?

Y/N

If yes, please confirm here that you have completed and enclosed Annexe 3:

Tick





6. Will the proposed discharge be pumped or made under gravity? (please circle):

Pumped	/	Gravity
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If pumped, please state the maximum pump rate in l/sec:

	l/s
--	-----

For proposed discharges of sewage in storm or emergency conditions:

7. Please confirm here that you have completed and enclosed both Annexes 1 and 2:

Tick

✓

8. Please state:

Population served (head)	Design max 120
Consumption (l/head/day) default = 180	185
Infiltration (m ³ /day)	6.6
Industrial effluent flow (m ³ /day)	NIL
Dry Weather Flow (m ³ /day)	29
SOCA (l/sec)	N/A
Predicted spill frequency (per annum)	N/A

IMPORTANT NOTES FOR ALL CONSENT APPLICATIONS:

1. Whoever signs the declaration on the main application form takes responsibility for the discharge, and will become the registered consent holder, if consent is given. In the case of a 'body corporate' (e.g. a public limited company ('plc'), limited company, local authority), the 'body corporate' will be the registered consent holder, and the person with the delegated authority to sign on behalf of the 'body corporate' should give their job title.
2. Agents making an application on behalf of a client, must attach their clients written authority.
3. If the name and/or address of the applicant changes after submission of this application to the Environment Agency, the applicant must inform the Agency in writing.





ASiantaeth yr
AMGYLCHEDD CYMRU
ENVIRONMENT
AGENCY WALES

Eich cyf/Your ref.

Ein cyf/Our ref. BP0230101/MEP

Dyddiad/Date: 10th February 2000

Environment Quality Scientist
Dwr Cymru Cyfyngedig
Plas y Ffynnon
Cambrian Way
Brecon
LD3 7HP

Dear Sir,

RE: WATER RESOURCES ACT 1991, SCHEDULE 10 (AS AMENDED BY THE ENVIRONMENT ACT 1995) APPLICATION FOR VARIATION OF CONSENT TO DISCHARGE SEWAGE EFFLUENT. NO BP0230101.

Further to your application for variation of consent of the Agency to discharge under the provisions of Section 88 of the Water Resources Act 1991, I enclose the Agency's formal notice of the variations made to the conditions of the consent to discharge sewage effluent from Devils Bridge Sewage Treatment Works.

Under the present Scheme of Charges for Discharges to Controlled Waters an annual charge will be made for all consents to discharge, except where the discharge is of sewage effluent of five cubic metres or less per day. This charge is based on information derived from the conditions attached to the consent to discharge, as outlined in the enclosed leaflet. A change in conditions may therefore result in a change in annual charge, you may therefore receive a revised bill in due course.

If you are not satisfied with the new conditions of the consent you may appeal against the decision to the National Assembly for Wales, Cathays Park, Cardiff CF10 3NQ.

Please take careful note that if the holder of the consent changes, you must inform the Agency IN WRITING as soon as possible of the name of the new holder. This to ensure that the rights and charges associated with the Consent are transferred to the new holder. A certificate of Holder notice will be sent to you shortly which is designed for this purpose, and should be kept safely with the Consent until required.

Cont/d...2

Asiantaeth yr Amgylchedd Cymru
Llys Afon, Hawthorn Rise, Hwlfordd, Sir Benfro. SA61 2BQ
Ffon: 01437 760081, Ffacs: 01437 760881

Environment Agency Wales
Llys Afon, Hawthorn Rise, Haverfordwest, Pembrokeshire. SA61 2BQ
Tel: 01437 760081, Fax: 01437 760881



The view taken by yourselves that the addition of tertiary treatment in the form of a reedbed should improve the quality of the effluent (to at least that of the original numeric conditions) was not on this occasion supported by details at the application stage of reedbed design and intended maintenance. We would normally require this information and will be requesting it on any future applications similar in nature. Please would you send details of your intended reedbed maintenance programme to Mr Alan Jones, Team Leader Environment Protection to enable his staff to properly inspect the works.

If you have any queries regarding the enforcement of this consent, please do not hesitate to contact Alan Jones, Team Leader Environment Protection, Environment Agency, Glan Teifi, Barley Mow, Lampeter, Dyfed, SA48 7BY.

Yours faithfully,

N. J. Hughes

NIALL REYNOLDS
Environment Planning Manager

Enc.