Bridget Wilcock

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:	*Official Use Only*
ENVIRONMENT AGENCY, P.O. Box 663, CARDIFF. CF2 1YD.	*Dist/Area Ref:* N *Application No.* CG0376801 *Date Received:* 20-3-98 *Fee Received:* £537-00

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 (see note xiii).

1 SITE ADDRESS

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

THE OAKLANDS CENTRE,
CAPEL GARMON ROAD,
LLANRWST,
NORTH WALES.

CG0376801_2006_03_01

Post Code: LL 26 ORB

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 8·1 m³/day
Briefly state how this figure was calculated **(see note ii)**.

45 (maximum) Personnel on site at one time
X 180 litres ÷ 1000.

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)*	☐

150mm (FOUL DRAIN)

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

SH / 8110 / S840 *(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)

SH / 8120 / S840 *(please indicate on accompanying plans)*

c) What flow measurement facilities will be provided **(see note v)**?
Please give details.

BASED ON WATER METER READING @ 45 Personnel per day.

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 ☐

VES 6 PLANT

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

2.6 a) On what date do you anticipate the discharge will commence? 30 / 04 / 98

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.

MAINLY SPRING TO END OF SUMMER WHEN CENTRE IS FULLY UTILISED AND USED.

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).*

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.

CONWAY COUNTY BOROUGH COUNCIL

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

1. Single Dwelling ☐
2. Multiple Dwellings ☐
3. Industrial Premises ☐
4. Vehicle Parking Area ☐
5. Commercial Premises *(please specify)* ☐
6. Fish Farm ☐
7. Mineral Workings ☐
8. Water Services plc STW ☐
9. Water Supply ☐
10. Other *(please specify)* ☐ OUTWARD BOUNDS CENTRE

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

1. Well	☐	5. River *(please give name below)*	☐
2. Borehole	☐	6. Estuary *(please give name below)*	☐
3. Precipitation (eg. rain or snow)	☐	7. Coastal Water *(please give name below)*	☐
4. Mains *(please state water supply company)*	☑		

DWR CYMRU

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)	☐	5. Into Land	☐
2. River or Stream (non-tidal)	☑	6. Onto Land	☐
3. Canal	☐	7. Directly into Groundwater	☐
4. Lake, Loch or Pond	☐	8. Coastal Water (see note vii)	☐

State name of receiving water if known:

AFON GALLT - Y - GWG

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

(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:

N/A.

(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.).

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.

* THE CHIEF EXECUTIVE,
* WIRRAL BOROUGH COUNCIL,
* WALLASEY TOWN HALL,
* WALLASEY,
* MERSEYSIDE.

Post Code: L44 8ED

Daytime Telephone Number: 0151 638 7070

Company Registration Number (if appropriate): N/A

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

* MR. D.L. HUGHES (OF ~~ABERCONWY SEPTIC TANK SERVICES~~),
* TY NEWYDD,
* HENRYD,
* CONWAY,
* GWYNEDD

Post Code: LL32 8YD.

The agents

Contact Name and Daytime Telephone Number: MR. D.L. HUGHES 01492 593793

5.2

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

**EDUCATION BUILDING INSPECTORS AND SUPPORT SERVICES,
* THE SOLAR CAMPUS,
* 235, LEASOWE ROAD,
* WALLASEY,
* MERSEYSIDE.

Post Code: L45 8LW

Daytime Telephone Number: 0151 638 5927

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

No

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)

(Senior admin. Officer)

SIGNED: K L Brooks **PRINT NAME:** K L BROOKS

Tel No: 0151-638 5927.

ON BEHALF OF: CHIEF EXECUTIVE **DATED:** 17 March 1998

CONFIDENTIALITY

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

SIGNED: ✓ **DATED:** ✓

PLEASE RETURN THIS FORM TO THE ADDRESS GIVEN ON THE FRONT PAGE

ENVIRONMENT AGENCY

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.

THE OAKLANDS CENTRE,
CAPEL GARMON ROAD,
LLANRWST, NORTH WALES. LL26 ORB.

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

YES 6 (QTY ONE) SEWAGE TREATMENT PLANT

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).** 8·1 m³/d

b) Dry weather flow of discharge(s). 8·1 m³/d

c) Average daily flow. m³/d

d) Maximum rate of discharge(s) l/s

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

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

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

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

45

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

CENTRE NOT FULLY OCCUPIED/OPERATIONAL THROUGHOUT ALL YEAR.

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

RESIDENTIAL

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

ABERCONWY SEPTIC TANK SERVICES (MR. D.L. HUGHES)
TY NEWYDD, HENRYD,
CONWAY, GWYNEDD.
LL32 8YD. Tel: 01492 593793

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

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.

THE OAKLANDS CENTRE.