

Water Resources Act 1991
as amended by the Environment Act 1995
Consent to Discharge
Certificate of Holder



**ENVIRONMENT
AGENCY**

22 April 1997

Part A

To: MR & MRS B HUGHES
OLD COACH HOUSE
EGLWYSBACH

COLWYN BAY

The **Environment Agency** ("the Agency") hereby confirm that the above named person is a/the registered holder of consent CG0368201

Nature of Discharge(s); SEWAGE EFF/TREATED EFF/CONTINUOUS
at
OLD COACH HOUSE & BREWERS COTT, EGLWYSBACH

Note: This certificate should be kept with the consent document for future reference. If you transfer responsibility for the discharge to somebody else you must pass the consent to them and tell the Agency within 21 days. **Responsibility for the consent cannot be disclaimed by the holder but the registration of holder may be transferred to a successor.** To do this please complete the form below, then tear it off and return it to the address shown. If you fail to transfer the consent, even though you are no longer on the site, you may still be liable for prosecution for pollution. If you transfer the consent but do not tell us, you will be committing an offence. In case of any queries please contact your local Environment Agency office.

Part B

Please complete in block capitals or type.

To:

Water Resources Act 1991: Notice of transfer of consent to discharge

Consent: CG0368201

Name: MR & MRS B HUGHES

Address: OLD COACH HOUSE

EGLWYSBACH

COLWYN BAY

I/We* hereby serve notice on the Agency that I/we* am/are* no longer a/the* Holder of the above consent which will be/was* transferred to:

* delete as appropriate

Name(s) of new holder(s):

Address:

Post Code:

Date of Transfer to new Holder(s);

Signed:

Dated:

Name (block capitals):

Position:

(to be completed when signing
on behalf of corporate bodies)





ASiantaeth YR
AMGYLCHEDD
ENVIRONMENT
AGENCY

CONSENT NO.	CG0368201
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WATER RESOURCES ACT 1991

SECTION 88 - SCHEDULE 10

CONSENT TO DISCHARGE

TO: Mr. & Mrs. B. Hughes
Old Coach House
Eglwysbach
Colwyn Bay.

The ENVIRONMENT AGENCY ("The Agency") in pursuance of its powers under the Water Resources Act 1991 HEREBY CONSENTS to the making of a discharge OF SEWAGE EFFLUENT as follows:

Biologically Treated Sewage Effluent

FROM: The Old Coach House and Brewers Cottage

AT: Eglwysbach, Colwyn Bay.

TO: Un-named tributary of Afon Hiraethlyn

SUBJECT TO the conditions set out in the following schedule(s):

Biologically Treated Sewage Effluent Schedule No. CG036820101

Subject to the provisions of Paragraphs 6 and 7 of Schedule 10 of the Water Resources Act 1991, no notice shall be served by the Agency, altering the effect of this consent, without the agreement in writing of the discharger, during a period of 2 years from the date this consent takes effect.

This consent is issued and takes effect on the 1st day of July 1996

Signed
Area Water Quality Manager

Dr JOHN STONER Rheolwr Cyffredinol Rhanbarthol / Regional General Manager
Asiantaeth yr Amgylchedd

Llwyn Brain, Ffordd Penlan, Parc Menai, Bangor, Gwynedd LL57 4DE.

Ffôn: (01248) 670770, Ffacs: (01248) 670561, GTN 7-26 X 4000

Environment Agency

Llwyn Brain, Ffordd Penlan, Parc Menai, Bangor, Gwynedd LL57 4DE.

Tel: (01248) 670770, Fax: (01248) 670561, GTN 7-26 X 4000





ASiantaeth YR
AMGYLCHEDD
ENVIRONMENT
AGENCY

CONSENT NO.	CG0368201
SCHEDULE NO.	CG036820101
DATE ISSUED	01/07/96

CONDITIONS OF CONSENT TO DISCHARGE

Biologically Treated Sewage Effluent ("the Discharge")

FROM: The Old Coach House and Brewers Cottage, Eglwysbach

1. (a) The Discharge shall not contain any poisonous, noxious or polluting matter or solid waste matter.
- (b) Provided that the Discharge hereby consented is made in accordance with the following conditions of this consent, such discharge shall not be taken to be in breach of condition (a) above by reason of containing substances or having properties identified in and controlled by these conditions.

NATURE

2. The Discharge shall consist solely of biologically treated sewage effluent from the treatment plant serving the Old Coach House and Brewers Cottage.

LOCATION

3. The Discharge shall be made in the manner and at the place specified as:
 - (a) discharging via a pipe.
 - (b) discharging to an un-named tributary of Afon Hiraethlyn.
 - (c) at National Grid Reference SH 8167 6726.
 - (d) shown marked "Discharge Point" on Plan CG0368201 attached as Annex 1.

SAMPLING POINTS

4. The outlet to the watercourse shall be constructed and maintained so that a representative sample of the Discharge may be obtained at National Grid Reference SH 8167 6726 as shown marked "Discharge Point" on Plan CG0368201.





ASiantaeth YR
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ENVIRONMENT
AGENCY

CONSENT NO.	CG0368201
SCHEDULE NO.	CG036820101

VOLUME

5. The volume of the Discharge shall not exceed 2 cubic metres per day.

COMPOSITION

6. The Discharge shall not contain more than:
- (i) 20 milligrammes per litre of biochemical oxygen demand (measured after 5 days at 20°C with nitrification suppressed by the addition of allyl-thiourea);
 - (ii) 30 milligrammes per litre of suspended solids (measured after drying at 105°C).
7. As far as is reasonably practicable, the works shall be operated so as to prevent:
- (a) any matter being present in the Discharge, other than matter specifically covered by numerical conditions in this consent, to such an extent as to cause the receiving waters, or any waters of which the receiving waters are a tributary, to be poisonous or injurious to fish in those waters, or to the spawning grounds, spawn or food of fish in those waters, or otherwise cause damage to the ecology of those waters; and
 - (b) the Discharge from having any other adverse environmental impact.



[illegible]

NATIONAL RIVERS AUTHORITY WATER RESOURCES ACT 1991

Application for consent to discharge Schedule 10



Regional/Area Address: The Consents Officer National Rivers Authority Welsh Region Plas-y-Afon/Rivers House St. Mellons Business Park CARDIFF CF3 0LT	<u>Official Use Only</u> Dist/Area Ref: NW42 Application No. CG0368201 Date Received: 15/5/96 Fee Received: £77
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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.

1 SITE ADDRESS

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

"OLD COACH HOUSE",
EGLWYSBACH,
COLWYN BAY. ~~CHWYD~~

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 ☐

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

Briefly state how this figure was calculated (see note ii).

10 ~~B~~ PERSONS @ 180 LITRES PER HEAD PER DAY

- 2.3 a) Indicate proposed means of discharge - tick as appropriate and shown 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) ☐ |

INTO TRIBUTARY OF AFE UN. TRIBUTARY

- b) National Grid Reference(s) of point(s) OF AFON

SH 8167 6726 S H / 8163 SEC PLAN HIRAETHLYN. (please indicate on accompanying plans)

- 2.4 a) The Authority will normally require ad of samples of the discharge in a safe and convenient man. 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 H / 8163 SEC PLAN (please indicate on accompanying plans)

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

NONE

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

Septic Tank ☐ Package Sewage Treatment Works ☒ Other ☐

INC SECONDARY TREATMENT

- 2.6 a) On what date do you anticipate the discharge will commence?

11/6/96

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

N/A

to:

N/A

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

N/A

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

If yes, please give the reference numbers (Any further information should be given in section 5.2).

- b) Has any person had a Prohibition Notice served on them in respect of this site? ☒ N

If yes, please give the reference number.

NOT TO OUR KNOWLEDGE

3 SITE DETAILS

- 3.1 Please give the name of the relevant Planning Authority.

CONWY COUNTY BOROUGH COUNCIL

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

- | | | | |
|---|---|----------------------------|--------------------------|
| 1. Single Dwelling | ☐ | 6. Fish Farm | ☐ |
| 2. Multiple Dwellings (DOMESTIC) | ☒ 2. No | 7. Mineral Workings | ☐ |
| 3. Industrial Premises | ☐ | 8. Water Services plc STW | ☐ |
| 4. Vehicle Parking Area | ☐ | 9. Water Supply | ☐ |
| 5. Commercial Premises (please specify) | ☐ | 10. Other (please specify) | ☐ |

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) | ☒ | | |

WELSH WATER AUTHORITY

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:

1 UN TRIB

4.2 In the case of sub-irrigation systems, soakaw

- (a) Is any part of the system within 5 metres
- (b) Is any part of the system within 10 metre
- (c) Is any part of the system within 50 metre

AFON HIRAETHLYN

es?

Y/N

Y/N

N/N

(d) For wells and boreholes state dimension(s) in metres.

N/A m

(e) For sub-irrigation systems, soakaway pits, wells and boreholes, state maximum depth in metres.

N/A m

(f) For boreholes, state details of lining in metres:

(i) Depth of lining

N/A m

(ii) Depth of perforated lining

N/A m

(iii) Depth of unperforated lining

N/A m

(g) A percolation test must be carried out in accordance with British Standard BS6297:1983.

Have the results been provided?

N/N

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

N/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 note ix)

(a) Full name and postal address of applicant. * MR & MRS. B. HUGHES * "OLD COACH HOUSE" * COLWYN BAY, CLWYD * Post Code: Daytime Telephone Number: 01492- 650560	(b) Agent (if any) - Full name and postal address. * MR. DAFYDD JONES * "CASTLE-VIEW DESIGNS" * 6 CASTLE STREET * CONWY, GWYNEDD Post Code: LL 32 8AY Contact Name and Daytime Telephone Number: 01492- 593308
Company Registration Number (if appropriate): N/A	

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

SYSTEM WILL REPLACE EXISTING UNIT WITH NO
SECONDARY SETTLEMENT RESULTING IN OVERALL
BENEFIT TO THE ENVIRONMENT.

DECLARATION

I/We:

1. apply under the Water Resources Act 1991 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 National Rivers Authority (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 the application to the Secretary of State for exemption from publicity and/or entry of the register has (not) been/will (not) be* made (see note xiii).
6. confirm that I/we* will notify the National Rivers Authority of any changes in the information in this application which might be material to the continuation of the consent.
7. confirm that the information given in this application and any questions which the National Rivers Authority 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 xiv).
8. confirm that I/we* will pay any annual charges due should a consent be granted YES/NO*. If no please indicate who will be completing section 5.3 below (see note xv). (* Delete as appropriate)

SIGNED: <u> Dafydd Jones </u>	PRINT NAME: <u> DAFYDD JONES </u>
ON BEHALF OF: <u> MR & MRS. B. HUGHES </u>	DATED: <u> 26/4/96 </u>

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

MR & MRS. B. HUGHES "OLD COACH HOUSE" COLWYN BAY, CLWYD	
Post Code:	Daytime Telephone Number: 01492- 650560

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