

T02145
23974

Consent to discharge Water quality

COPY



Environment Agency

Water Resources Act 1991 as amended by Environment Act 1995 and Water Act 2003

Certificate of holder

Consent number

CG0145401

This certificate confirms that the person named below is the registered holder of the consent. Keep the certificate with the consent document for future reference.

If you transfer responsibility for the discharge to somebody else you must

- tell us as soon as you can before the proposed transfer date - complete the *Consent to discharge - Notice of transfer* below, and return the whole sheet to the address given
- pass the consent to them.

You can contact us on 08708 506 506 ←

The consent holder

Title

First name

Last name The Partner

Address

Anglesey Sea Zoo

Brysiencyn

Anglesey

Postcode LL61 6TQ

Telephone in case of queries

[Empty telephone number grid]

Discharge details

Type

Trade Effluent

Location

[Empty location field]

Consent to discharge - Notice of transfer

Use this part to request a transfer of the consent to another person. Once you and that person have completed the details below, return the whole sheet (WQP4) to us at the address shown. Until the consent has been transferred, you may still be liable for prosecution for breach of consent even though you are no longer on the site. If the proposed transfer does not take place, you must immediately inform the Environment Agency.

The proposed new holder of this consent is

Title DR

First name DYLAN

Last name EVANS

Address

ANGLESEY SEA ZOO

BRYSIENCYN, LLANFAELIPHIC,

ANGLESEY

Postcode LL61 6TQ

Telephone in case of queries

07799502874

Proposed date of transfer to proposed new holder

09032007 (DD MM YYYY)

Current holder declaration

Signature of current holder

* D. Lea-Nilson

Date (DD MM YYYY)

04032007

Name

Title MR

First name DAVID

Last name LEA-NILSON

Position if signing on behalf of an organisation

PARTNER

New holder declaration

Signature of proposed new holder

[Signature]

Date (DD MM YYYY)

08032007

Name

Title DR

First name DYLAN

Last name EVANS

Position if signing on behalf of an organisation

PARTNER / DIRECTOR

Return address

Send the completed form (WQP4) to us at:

[Empty return address box]

You should keep a copy for your records.