

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



Cyfoeth
Naturiol
Cymru
Natural
Resources
Wales

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 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.

22/61/6/0013

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

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 Full Name

Company, Charity or
Trading Name

R E EVANS FARMS LTD

Company or Charity
Registration Number

10477204

Registered Address

ORLANDON COTTAGE
ST BRIDES
HAVERFORDWEST
Postcode: SA62 3AP

Telephone Number

Office:
Mobile: 07773-361928

Email Address

fergus@reefltd.co.uk

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	NIGEL ALLAM
Company, Charity or Trading Name	RE EVANS FARMS LTD		
Position in Company	ADMINISTRATOR		
Address	ORLANDON COTTAGE BISHOPS ST BRIDES MAVERFORDWEST Postcode: SA62 3AP		
Telephone Number	Office: 01531 640480 Mobile: 07443 002237		
Email Address	allam4spud@aol.com		

Specify who we should contact with regard to:

Operations (on site) contact	Applicant	<input type="checkbox"/>	Agent	<input checked="" type="checkbox"/>
Invoice contact	Applicant	<input type="checkbox"/>	Agent	<input checked="" type="checkbox"/>
Abstraction records (returns) contact	Applicant	<input type="checkbox"/>	Agent	<input checked="" 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
22/61/6/0013	ADDITION OF SECONDARY ABSTRACTION POINT	IMPROVED ACCESS OPTION.

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

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="NIGEL ALLAM"/>
Position	<input type="text" value="ADMINISTRATOR"/>		
Signature	<input type="text" value="Nigel Allam"/>		
Date	<input type="text" value="28-1-21"/>		

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 _____