

FORM WRA: Applicant details and proposal outline

Application type and fee

Please generate a reference number. It should start with "WR" followed by your organisation or company name and today's date in four-digit format (DDMM) without spaces or punctuation.

Example: WRNATURALRESOURCESWALES1101

Please use this use this number throughout this application. This reference number can also be used for your BACS reference if paying electronically.

WRDM&RCREES1611

For the application types listed, complete this form and/or the relevant additional forms named below. Tick the type of application you are applying for. Please refer to our Find out if you need a licence web-page for an explanation for the different licence types. If your proposal involves multiple licence types, tick all that apply.

See our Charges for abstraction and impoundment applications web page for details of application fees and how to pay.

Renewal of a time-limited licence. Also complete form WRD.

Please provide existing licence serial number, if applicable

MD/054/0001/071

Please indicate how you wish to pay your application fee. If paying by BACS, please quote the reference number created in question 1 when setting up the bank transfer.

If paying by cheque, please ensure you add the six digit cheque number below.

BACS

Please add your BACS reference below

WRDM&RCREES1611

Applicant details

Applicant type

Partnership

Applicant details

Full Name Daniel and Clare rees
Company, Charity or Trading Name DM & RCRees
Company or Charity Registration Number -

Applicant Registered Address

Line 1 Dugwm farm
Line 2 Mochdre
Line 3 Newtown
Line 4 Powys
Postcode SY164JP

Applicant Contact details

Office Telephone Number 01686625148
Mobile Telephone Number 07512560047
Email Address dugwmfarm123@hotmail.com

Please indicate who we should contact regarding operation of your site, this should be the person responsible for the day to day running of the operation.

	Applicant	Agent
Site operations contact	X	

For applications for abstraction licences, please also specify who we should contact for invoices and abstraction records (returns).
Not necessary for temporary or transfer licence applications.

	Applicant	Agent
Invoice address	X	
Abstraction records contact	X	

Details of agent or individual authorised to act as application contact

Use applicant contact details

Yes

Entitlement to apply (not required for impoundment licence applications)

Does the applicant have a legal right of access to the point of abstraction?

Owner

Site map showing abstraction points

- File: 433818BC-C4CA-4877-864E-FB24B0554ACF.jpeg - [Download](#)

For abstraction licence applications where you are the landowner, provide a map with the land boundary and all abstraction and discharge point(s) marked.

Please tick here to show that you have done this.

Pre-application number

Have you undertaken a pre-application enquiry or had any previous discussions with us?

Yes

Provide reference number or staff member's name

MD/054/0001/071

Remediation work

Is this proposal as a result of a Restoring Sustainable Abstraction programme or other work requested by us?

Yes

Provide your licence number

MD/054/0001/071

Source of supply

State where you intend to abstract from

Surface Water. e.g. Stream, leat, spring

Provide a 12 digit National Grid Reference for the proposed or existing abstraction or impoundment point (e.g. ST 19057 76826)

SO 05000 83987

Source of supply (name of watercourse or aquifer)

Unnamed tributary of the Mochdre Brook

Site name / reference
(e.g. Tŷ Mawr Farm)

Craig Dugwm , Dugwm farm

Proposal summary

Please provide an outline of your proposal, including any sketches.
As a guide, you should include: a description of the activities which (will) take place at your site, the means of abstraction/impoundment proposed, if the proposal is related to another licence or permit (i.e. an Environmental Permit to Discharge Water) and details of any survey work undertaken. For changes to existing licences, summarise the changes proposed. Sketches or photographs that will aid our understanding of your proposal can be uploaded below.

There is no changes

Declaration

By signing below, you are declaring that, to the best of your knowledge; the information given in this form, on any map and in any supporting or additional information; is true.

Signed D M Rees

Print name Daniel Rees

Position Partner

Date

* 25/11/2021

Would you like a copy of your submission?

Yes

Your email address

dugwmfarm123@hotmail.com

