Department of the Environment Water (Northern Ireland) Order 1999 Application For Consent To Discharge Sewage Effluent From A Single Domestic Dwelling (Form WO2)

Δ	Applicant	Agent	□ n/a			
	Name:	Name:	11/4			
	Address:	Address:				
	Address.	Addiess.				
	Post Code:	Post Code:				
	Telephone Number:	Telephone Numb	er:			
	Email:	Email:				
В	Site Details (as above 🔲		Please provide Grid Reference of			
	Address:		discharge point			
			(please indicate on accompanying site plan) EITHER			
			Irish Grid (IGR) (letter and 8 digits)			
			OR			
	Post Code:		Eastings and Northings			
			E			
			N			
П	Is there an NI Water Ltd foul sewer/private					
c	sewer within 30 metres available ?	yes 🔲	no 🔲			
	If yes, please state reason why connection is not	possible:				
	If discharge is to sub-surface irrigation system (soakaway) please complete page 2 If discharge is to waterway please complete page 3					
	PLEASE ALSO REMEMBER TO SIGN AND DATE DECLARATION AT PART K BELOW					

Please note that if this application relates to a sewage treatment system which is in place at the time of application (ie an existing system), the system will be inspected by an authorised officer of the Department to ascertain the current condition of the facilities as part of the application process.







	Please Complete This Section If The Application Is For Discharge To Soakaway (Sub-Surface Irrigation System)							
D	Type of system proposed or existing:	pre-constructed septic tank (factory built)						
		packaged wastewater treatment plant						
		block built septic tank						
		other (please specify)						
Ε	Is the discharge Proposed ☐(complete part F)	Existing (complete part G)						
	. , , , , , , , , , , , , , , , , , , ,							
F	Are all elements of the sub surface irrigation syste	em						
	at least 7m from any habitable dwelling?	yes□ no						
	at least 10m from any waterway?	yes□ no						
	at least 50m from any drinking water supply?	yes no						
	For septic tanks: Is the system certified to	yes□ no						
	BSEN 12566-1?	*if yes, please supply CE certification*						
		if no, please supply full details of the proposed treatment system (only for systems not covered by part 1 of BS 12566)						
	For packaged wastewater treatment plants: Is the system certified to BS 12566-3 as capable of 95% removal of biological oxygen demand (BOD)? yes ☐ no ☐ *if yes, please supply CE certification*							
		if no, please supply full details of the proposed treatment system (only for systems not covered by part 3 of BS 12566)						
	Enter average Vp value from percolation test (See annex 1 of Guidance) (please complete results table on appendix 1 of this form) Enter total length and width of proposed drainage trench							
G	For packaged wastewater treatment plants: Has t to the manufacturer's specifications?	he system been maintained according yes no don't know						
	·	- -						
	For septic tanks and package wastewater treatment plants:							
	Is the existing sub-surface irrigation system (soakaway) capable of dispersing all of the							
	effluent	yes no don't know □						

	Please Complete This Section If The Application Is For Discharge To Waterway							
Н	Is the discharge Proposed	or	Existing					
	Type of treatment system proposed or existing: (please give details, eg package treatment system please also state if any tertiary treatment eg reedbed will be provided)							
J	Is the system certified to BS 12566-3	□yes	☐ no	,	only to be selected xisting systems)			
	If yes, please state treatment efficiency (if known) (% BOD removal. This information can be obtained from the supplier of your treatment system) *Please supply CE certification*							
	If no, please supply full details of the proposed treatment system (Only for systems not covered by part 3 of BS 12566)							
K	Declaration I confirm that I have not provided any information on this form or in the associated documentation which I know to be false or do not believe to be true.							
		applicant agent	Date					
	Please Note: Should the Department discover that any false or misleading information has been provided, any consent issued shall be invalid. The applicant may also be liable to prosecution.							
	On completion this form should be returned to; Northern Ireland Environment Agency, Water Management Unit, 17 Antrim Road, LISBURN, BT28 3AL							
	, and the second	Site Plan(s) Location ma Fee Full details of treatment sy CE certificat	p (1:2500) of propose estem, incl) d uding				
	For Official Use Only Application File Number: Fee Paid (£): Ref Number:		Date Red	eived				

Appendix 1 Percolation Test Recording Table

Percolation test results and Calculation of Vp.								
Hole No.	Test Date	TEST NO.	START TIME	FINISH TIME	ELAPSED TIME			Vp (seconds
	26.10							/mm)
					Hours	Minutes	Seconds	(Seconds divided y 150)
		1						
		2						
1		3						
	Average value for Hole 1							
		1						
		2						
2		3						
	Average value for Hole 2							
		1						
		2						
3		3						
Average value for Hole 3								