	Department of the Environment Water (Northern Ireland) Order 1999 Application For Consent To Discharge Sewage Effluent From A Single Domestic Dwelling (Form WO2)					
<u> A</u>	<b>Applicant</b> Name: Address:	Agent In/a Name: Address:				
	Post Code: Telephone Number: Email:	Post Code: Telephone Number: Email:				
В	Site Details (as above 🖵	Please provide Grid Reference of				
	Address: Post Code:	discharge point (please indicate on accompanying site plan) EITHER Irish Grid (IGR) (letter and 8 digits) OR Eastings and Northings E N				
	Is there an NI Water Ltd foul sewer/private					
C	sewer within 30 metres available ?					
	If yes, please state reason why connection is not p	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.







L L	Please Complete This Section If The Application Is 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 at least 7m from any habitable dwelling? at least 70m from any waterway? at least 50m from any drinking water supply? For septic tanks: Is the system certified to BSEN 12566-1?	yes□ no yes□ no				
		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 capable of 95% removal of biological oxygen demand	•				
		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 the to the manufacturer's specifications?	ne system been maintained according yes 🔲 no 🔲 don't know 🔲				
	For septic tanks and package wastewater treatment Is the existing sub-surface irrigation system (soakaway effluent	-				

	Please Complete This Section If The Application Is For Discharge To Waterway							
Η	Is the discharge Proposed	or	Existing	g 🗌				
	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 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*	□yes	nc		only to be selected xisting systems)			
	If no, please supply full details of the proposed treatment system (Only for systems not covered by part 3 of BS 12566)							
к	<b>K</b> 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.							
	Signed APPLICANT MUST SIGN ABOVE	applicant agent	Date					
	Please Note: Should the Department discover that any false provided, any consent issued shall be invalid. The a		-					
	On completion this form should be returned to; Northern Ireland Environment Agency, Water Management Unit, 17 Antrim Road, LISBURN, BT28 3AL							
	Please ensure that you have enclosed:	Site Plan(s)(1:500)Location map (1:2500)FeeFull details of proposedtreatment system, includingCE certification if applicable						
	<u>For Official Use Only</u> Application File Number: Fee Paid (£): Ref Number:		Date Re	eceived				

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
								/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								