

For Environment Agency use only

District/Area reference

Application reference number

Date received
(DD MM YYYY)

Fee received

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Consent to discharge Water quality



Environment Act 1995, Water Resources Act 1991, Schedule 10

Part B Discharges of sewage effluent containing trade effluent (any volume) or sewage effluent only over 50 m³ per day dry weather flow (DWF)

- Fill in this part of the application form if you want to discharge sewage effluent containing trade effluent (any volume), or over 50m³ (DWF) a day of sewage effluent only
- Please read the guidance notes 'Notes on questions which appear in Parts B, C, D or E' before you start to fill in this form
- After you have filled in this part of the form, complete Part A6 Checklist, then sign and date the form.

When to use this form

This part (Part B) of the application form is for anyone who wants to discharge

- any volume of sewage containing trade effluent, or
- more than 50 cubic metres of sewage effluent a day dry weather flow (DWF).

You should fill in this part if you

- want to make a new application – because you need to discharge effluent for the first time
- want to change (vary) the consent you already have.
For example, if you want to discharge a different type or amount of effluent.

You also need to fill in Part A1 to A5 of the application form before you begin to fill in this part.

After you have filled in this part of the application form, you should complete Part A6 Checklist then sign and date the form.

Other types of effluent discharge

If you want to discharge

- sewage effluent intermittently or in an emergency, you should fill in **Part D**
- less than 50 cubic metres (DWF) a day of sewage effluent only, you should fill in **Part C**
- trade effluent, you should fill in **Part E**.

B1 About your application

The type of effluent you will be discharging

B1.1 Please tick the type of effluent you will be discharging

- Combined domestic sewage and trade effluent (any volume)
- Sewage only, more than 50 cubic metres (DWF) a day

B1.2 Do you want to change an existing consent?

No Go to question B1.4.

Yes Please give details.

Name of holder

Title
First name
Last name

Consent number

Date issued (DD MM YYYY)

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B1.3 What will the changes be?

- | | |
|--|--|
| <input type="checkbox"/> more effluent | <input type="checkbox"/> extra discharge points |
| <input type="checkbox"/> less effluent | <input type="checkbox"/> location of discharge point |
| <input type="checkbox"/> type of effluent | <input type="checkbox"/> location of one or more sample points |
| <input type="checkbox"/> composition of effluent | <input type="checkbox"/> treatment process |
| <input type="checkbox"/> other | |

Please describe the changes you are planning, including a list of the conditions you want to change and how you want us to change them.

Any changes to substances being discharged must be recorded in question B4.4.

B1 About your application *continued*

B1.4 What is the maximum amount of effluent you will discharge per day?

cubic metres per day

B1.5 What is the dry weather flow?

cubic metres per day

We need to know how you calculated these figures. *Please see guidance notes 'Notes on questions in Parts B, C, D and E'.*

Please continue on a separate sheet if you need to.

B1.6 What is the discharge rate?

Please give us flow details.

Average flow

cubic metres per day

Maximum flow to full treatment

cubic metres per day

Maximum flow received at works

cubic metres per day

How are these rates calculated?

B1.7 What is the maximum population equivalent the plant will serve?

Will this vary?

For example, at different times of the day or year.

No

Yes *Please give details.*

B1.8 What is the daily infiltration flow to the treatment works?

Maximum flow

cubic metres per day

Average flow

cubic metres per day

B1 About your application *continued*

B1.9 What is the maximum authorised volume of trade effluent entering the sewage treatment works?

Authorised quantity

cubic metres per day

B1.10 Will the discharge be continuous?

No *Please say why and explain when it will be discharged.*

Yes

B2 Where the effluent will be discharged

We must be able to locate the site easily. Please send a map or site location plan (which is at least A4 size) and shows

- the site in relation to the locality
- the Ordnance Survey national grid reference for the site and for the outlet, sampling and monitoring points.

B2.1 Address and location of site

If the address is not clear, please give a description of the location of the site.

Postcode

Local authority which covers the site *if you know it*

Planning authority which covers the site *if you know it*

Parish council area the site is in *if you know it*

B2.2 Please give the following Ordnance Survey national grid references for the site

You can find OSNGRs on an Ordnance Survey map.

For example, ST 12345 67890

OSNGR for the front door/main entrance of site

OSNGR for the effluent discharge point

OSNGR for the effluent sample point

B2 Where the effluent will be discharged *continued*

OSNGR for the crude sample point (if provided)

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If there are more effluent discharge or sample points please continue on a separate sheet.

B2.3 Description of discharge point

Say where the effluent will be discharged.

- Into or onto land. Please go to question B2.5.
- Into a borehole or well. Please go to question B2.11.
- Into coastal waters or estuaries. Please go to question B2.13.
- Into a lake, loch or pond.

Name

- Into a tidal river or stream.

Name

- Into a non-tidal river or stream. This includes dry river or stream beds.

Name

- Into a canal.

Name

- Into a culverted river, stream or canal.

Name

Please give the OSNGR for the point where the water course emerges from the culvert and mark it on the location plan.

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B2.4 What is the diameter of the outfall pipe?

millimetres

Now go to question B3.1.

Discharge to land (soakaway)

B2.5 Has the soakaway been designed to BS 6297:2007?

No Please give details of size and construction.

Yes We may ask you to prove this.

B2.6 Have you provided the results of a percolation test to BS 6297:2007?

No Please contact us.

Yes Please complete the following table.

B2 Where the effluent will be discharged *continued*

Time in seconds divided by depth in millimetres (below invert level)

Hole	Trial 1	Trial 2	Trial 3	Average
1				
2				
3				
4				

Average of all tests or rate of percolation (vp)

vp × number of people × 0.25 =

Trench area (square metres) divided by trench width (metres)

square metres

Area of soakaway trench

square metres

Test performed by

Title

First name

Last name

Date (DD MM YYYY)

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B2.7 What is the depth of the soakaway?

Please give the depth to the bottom (invert level) of the soakaway.

metres

B2.8 What is the depth of soil or subsoil below the bottom (invert level) of the soakaway?

- Up to 1.2 metres
- Between 1.2 and 2 metres
- Over 2 metres.

B2 Where the effluent will be discharged *continued*

Soil and rock type in the area of the soakaway

B2.9 What is the soil and rock type below the soakaway?

We need a full description of

- the soil profile to at least 3 metres below the bottom (invert level) of the soakaway
- the rock below the soil, including whether the soakaway is cut into the rock
- any water seepage or standing water levels below the soakaway.

Continue on a separate sheet if you need to.

B2.10 Will any part of the soakaway system be within

- 5 metres of the boundary of the premises?
- 10 metres of a watercourse?
- 50 metres of a borehole, well or spring?

Now go to question B2.12.

Discharges to boreholes or wells

B2.11 Please tell us about the borehole or well

Date of construction (DD MM YYYY)

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Depth

metres

Diameter of the outfall pipe

millimetres

Please send us copies of the construction and geological logs. If logs are not available please send written details of rock type, casing construction and depth to the top of the water table.

B2 Where the effluent will be discharged *continued*

Groundwater Regulations 2009

Discharges onto or into land, or into groundwater (via a borehole or well) which contain hazardous substances or non-hazardous pollutants (as defined by the Groundwater Daughter Directive) must conform to the requirements of the Groundwater Regulations 2009.

B2.12 Will the effluent contain any of the substances on the list?

You can find the list of substances in the guidance notes page 10.

No *Go to question B3.1.*

Yes *Please list.*

We may need to contact you to discuss this once we have received your application. Now go to question B3.1.

Discharge to estuaries and coastal waters

B2.13 Position of outfall in relation to mean high water spring tide mark

Please give position in metres and delete 'above' or 'below'.

metres above/below MHWS

B2.14 Position of outfall in relation to mean low water spring tide mark

Please give position in metres and delete 'above' or 'below'.

metres above/below MHWS

Depth of top inner surface of outfall pipe above or below mean ordnance datum Newlyn

metres

Diameter of outfall pipe

millimetres

B2.15 How will the effluent be dispersed?

Please tell us enough to allow us to assess properly your proposed method.

OSNGR for the dispersal section

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B3 About the treatment plant or processes you plan to use

B3.1 What type of plant will you be using?

Please see 'Notes on questions which appear in Parts B, C, D or E' in the guidance notes.

If your type of plant is listed in the guidance notes, give the number and title as shown in the list. Otherwise, give details of the plant you will be using.

Type of plant

B3.2 Will you use reed beds?

No

Yes *What is the surface area of the reed bed you will be using?*

square metres

B3.3 Will disinfection be part of the treatment?

No

Yes *Please give details.*

Type of equipment you will use. Include details of

- alarms/monitoring
- dose
- measurements taken.

Details of process such as number and output of UV lamps.

Continue on a separate sheet if necessary.

Volume of flow you will disinfect

cubic metres

B3 About the treatment plant or processes you plan to use *continued*

B3.4 What arrangements have you made for maintenance of the plant?

Please tell us

- how frequently maintenance activity will be carried out
- what the maintenance will consist of
- who will carry it out.

B4 Contents of the effluent

Please read through the list of substances in the table below and then answer all the following questions

B4.1 Are any of these substances likely to enter the sewerage system upstream of the discharge through any known inputs?

- No
 Yes Please fill in the table and tick the B4.1 column for each substance.

B4.2 Are any of these substances added to the effluent as a result of activities on the site?

- No
 Yes Please fill in the table and tick the B4.2 column for each substance.

B4.3 Are any of these substances detected in the discharge or the sewerage catchment upstream of the discharge?

- No
 Yes Please fill in the table and tick the B4.3 column for each substance.

The next question only applies to applicants with existing consents who are recording changes. See question B1.3

B4.4 Do the changes to your existing consent affect any of the substances in the table below?

- No
 Yes Please give details.

Substances

Details of changes

Substance table – where measurements are not possible, please give best estimates

Substance	B4.1	B4.2	B4.3	Concentration in effluent (µg/l)			Speciation		Number of measurements or theoretical estimate	Other
				maximum	minimum	mean	dissolved	total		
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Aluminium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Amitraz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Atrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Azinphos-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Azinphos-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Bentazone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Biphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Bisphenol-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Boron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Cadmium and its compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Chlorfenvinphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
4-Chloro-3-methyl-phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Chloronitrotoluenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

B4 Contents of the effluent *continued*

Substance table – where measurements are not possible, please give best estimates

Substance				Concentration in effluent (µg/l)			Speciation		Number of measurements or theoretical estimate	Other
	B4.1	B4.2	B4.3	maximum	minimum	mean	dissolved	total		
Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
2-Chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Chlorotoluron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Cyfluthrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Cypermethrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Cyromazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
2,4-D (2,4-dichlorophenoxy) acetic acid (non ester)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
2,4-D (2,4-dichlorophenoxy) acetic acid (ester)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
DDT (the isomers of 1,1,1-trichloro-2,2 bis(4-chlorophenyl) ethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Deltamethrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Demeton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Diazinon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
1, 2 Dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
2,4-Dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Di-ethylhexyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Dimethoate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Dioxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Diuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Fenitrothion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Fenthion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Flucifuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Flumethrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Hexachlorobenzene (HCB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Hexachlorobutadiene (HCBBD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Hexachlorocyclohexanes (lindane & related compounds HCH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
High-cis cypermethrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

Continues on the next page

B4 Contents of the effluent *continued*

Substance table – where measurements are not possible, please give best estimates

Substance	Concentration in effluent (µg/l)			Speciation		Number of measurements or theoretical estimate	Other			
	B4.1	B4.2	B4.3	maximum	minimum			mean	dissolved	total
Isodrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Isoproturon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Linuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
MCPA (4-chloro-2-methylphenoxy) acetic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Malathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Mecoprop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Mercury and its compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Nonyl phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Nonyl phenyl ethoxylate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Omethoate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Parathion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Parathion-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
2 ¹ ,4 ¹ ,3,4,5-pentachloro (6-chloromethylsulfonamido) diphenyl ether (PCSDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Pentachlorophenol (PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Permethrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Polychlorinated biphenyls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Polycyclic aromatic hydrocarbons (PAHs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Propetamphos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Simazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Sulcofuron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Tetrachloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Triazophos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Tributyltin compounds (TBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
1,1,1-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
1,1,2-Trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Trichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Trifluralin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Triphenyl compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Triphenyltin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

B4 Contents of the effluent *continued*

Substance table – where measurements are not possible, please give best estimates

Substance				Concentration in effluent (µg/l)			Speciation		Number of measurements or theoretical estimate	Other
	B4.1	B4.2	B4.3	maximum	minimum	mean	dissolved	total		
Vanadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Xylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

Any other substances. Please give details of any other substances which are present in the effluent.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

pH < 5.5 or > 9.0

B4.5 Will the effluent you discharge contain any other chemical components?

For example, biocides, corrosion inhibitors, flocculants or other additives.

No

Yes Please give details, for example, dose rates, data sheets.

Monitoring the effluent

B4.6 Will you be monitoring the volume of the discharges?

You must record regular flow readings for sewage treatment works discharging 50 cubic metres or more (DWF) per day.

No

Yes Please give details of flow measuring equipment you will use.

Type of equipment

Where it will be sited

OSNGR for the measuring equipment

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Please show the equipment on the site plan.

B4.7 Will you install automatic sampling equipment?

For sewage treatment works serving a population equivalent greater than 2000, you must provide facilities for automatic sampling of your effluent and sampling of influent.

No

Yes Please give details of sampling equipment.

The type of equipment

Where it will be sited

If you cannot sample at the effluent discharge point, you should install a sampling chamber

- between the source of the effluent and the outlet
- at a point after the effluent has had any treatment.

Please mark the sampling sites on the site location plan.

Continues on the next page

B4 Contents of the effluent *continued*

B4.8 Other characteristics you will monitor. *Please mark monitoring points on the site location plan.*

	How often monitoring will take place	Type of equipment	Where it will be sited	Expected range <i>mean, minimum or maximum</i>
temperature				
pH				
turbidity				
other				

B4.9 Have you (or anyone else) applied for a licence to use the site for a process covered by the Environmental Protection Act 1990 or the Pollution Prevention and Control Regulations 2000?

For example, application may have been made to the Environment Agency or your local authority.

No

Yes *Please give us the following details*

Application reference number

Local authority

B5 About the planning for the site

B5.1 What are the criteria used to design the plant for this site?

For example, loading rates, volume calculations. Please get in touch with us if you need advice on what information we need.

B5 About the planning for the site *continued*

B5.2 Please provide details of any environmental impact assessments you may have undertaken (including any modelling of environmental impact)

For example, river or sewer modelling, bathing water modelling.

B6 Any other information

B6.1 Are there any other factors we need to take into account?

For example, is there any relevant information about the site or type of effluent which we have not asked for anywhere in the form?

No

Yes *Please give details.*

Now please fill in Part A6, read Part A7, then sign and date the form in A8

