

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

A Applicant Name: Address: Post Code: Telephone Number: Email:	Agent ☐ n/a Name: Address: Post Code: Telephone Number: Email:
B Site Details (as above ☐ Address: Post Code:	Please provide Grid Reference of discharge point (please indicate on accompanying site plan) EITHER Irish Grid (IGR) (letter and 8 digits) OR Eastings and Northings E N
C Is there an NI Water Ltd foul sewer/private 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)

E Is the discharge Proposed ☐ (complete part F) **Existing** ☐ (complete part G)

F Are all elements of the sub surface irrigation system...

.....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 the system been maintained according
to the manufacturer's specifications? ☐ 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

H Is the discharge Proposed ☐ or Existing ☐

I 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 ☐ n/a (only to be selected
for existing 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.

Signed applicant Date
 agent Date

APPLICANT MUST SIGN ABOVE

**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**

Please ensure that you have enclosed:

Site Plan(s) (1:500) ☐
Location map (1:2500) ☐
Fee ☐
Full details of proposed ☐
treatment system, including
CE certification if applicable

For Official Use Only

Application File Number:
Fee Paid (£):
Ref Number:

Date Received

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 by 150)
1		1						
		2						
		3						
Average value for Hole 1								
2		1						
		2						
		3						
Average value for Hole 2								
3		1						
		2						
		3						
Average value for Hole 3								