

### 1.0 THE APPLICANT

Fields indicated with an asterisk(\*) require completion.

Company: (if applicable)

Title:\*

Forename:\*

Surname:\*

Address:\*

Postcode:\*

Phone:\*

Email:

Position: (See Guidance 1.0)

Sector:\* (See Guidance 1.0)

### 2.0 THE AGENT

Please give details if you wish to nominate someone we can contact about your application.

Company:

Title:\*

Forename:\*

Surname:\*

Address:\*

Postcode:\*

Phone:\*

Email:

### 3.0 ABSTRACTION SUMMARY

1. Is your MAXIMUM daily abstraction between 10m<sup>3</sup> and 20m<sup>3</sup>?  
Yes  No
2. Is your MAXIMUM daily abstraction greater than 20m<sup>3</sup>?  
Yes  No

### 4.0 ABSTRACTION AND IMPOUNDMENT DETAILS

Is the abstraction activity: New Proposal  Existing Operation

### 4.1 Abstraction Source

Please indicate the source of your abstraction:

Surface Water  Groundwater

Estuarine  Coastal

4.2 Abstraction(s) of Water				
Local Name/ Townland	Irish Grid Reference	Source Type (see page 8)	Use	Map/Schematic Label
TEEBANE WEST	E 258564.10	DIVERSION OF	REFER	FIGURE 2-1
	N 384620.93	SURFACE RUN-OFF	TO	
			SUPPORTING	
			DOC	
			(SECTION 2.1)	

4.3 Impoundment(s)					
Local Name/ Townland	Irish Grid Reference	Height Differential (m)	Fish Protection Measures	Maintenance/ Control Activities	Map/ Schematic Label
TEEBANE	E 259176.34	NA	YES / NO	YES / NO	FIGURE 2-1
WEST	N 384518.00		YES / NO	YES / NO	

4.4 If you answered "Yes" in Table 4.3 then please give details of the fish protection measures and/or maintenance control activities:

MAINTENANCE ACTIVITIES WILL INCLUDE REGULAR REMOVAL OF SEDIMENT USING A FLOAT BARGE AND ASSOCIATED SLUDGE PUMP. REMOVED SEDIMENT WILL BE DEPOSITED IN THE DRY STACK FACILITY

#### 5.0 VOLUME DETAILS (see Annex C for conversion table and relevant guidance notes)

Please indicate the total maximum volume of abstracted water and frequency of operation:

m <sup>3</sup> per day	Operational - hours per day	Operational - days per week
2,250	24	7

#### 5.1 Calculation of Volumes (m<sup>3</sup>) per Day:

Please indicate how the volume(s) were calculated:

REFER TO SUPPORTING DOCUMENT (SECTION 2.2)

**5.2 Is the abstraction seasonal or continuous throughout the year**

Please indicate during which months abstraction takes place

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
TICK	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**5.3 Water Return**

Is any of the abstracted water returned to the natural water environment

Yes  No

If yes, then please provide grid references of the discharge point(s), and the percentage of water returned. Discharge points should also be labelled on the map/schematic.

Irish Grid Reference of Abstraction Point	Irish Grid Reference of Discharge Point	Approximate River Length between Abstraction and Discharge Point (Distance in metres)	Percentage (%) of Abstracted Water returned to Watercourse
E 258564.10	E 258412.92	NA	DISCHARGE VOLUME
N 384620.93	N 383897.29		EXCEEDS EXTRACTED VOLUME

Please indicate how the return volume was calculated.

REFER TO SUPPORTING DOCUMENT (SECTION 2.3)

**6.0 STORAGE OF ABSTRACTED WATER**

Do you store abstracted water?

Yes  No

What is the maximum quantity of water stored? (m<sup>3</sup>)

CAPACITY OF CLEAN WATER POND = 40,260m<sup>3</sup>

**7.0 GENERATION OF ELECTRICITY**

If this abstraction is to be used for the generation of electricity, please indicate the maximum projected generating capacity of the scheme. (KW)

NA

**8.0 OTHER INFORMATION (if applicable)**

Please provide additional information that may help with the processing of your application:

REFER TO SUPPORTING DOCUMENT (SECTION 3)

## 9.0 DECLARATION

Please note that the responsible person (including all partners of a Partnership) must sign the declaration themselves, even if an agent is acting on their behalf as the applicant contact. For applications from a company or other corporate body the individual(s) signing should be duly authorised to sign on behalf of the company or corporate body.

Please see guidance notes as to who has authority to sign the form.

It is an offence to make a false statement when applying for a licence.

I declare to the best of my knowledge the statements made in the application form, including the map and accompanying sheets, are true.

Signature:

First Name:

Surname:

Position:

Date:

Second Signature (if applicable)

First Name:

Surname:

Position:

Date:

Third Signature (if applicable)

First Name:

Surname:

Position:

Date:

### CHECKLIST

Please return:

Completed Application Form

Labelled Map(s) / Schematic

Application Fee

Supporting Information (if required)

**Please return your completed application form to:**

Northern Ireland Environment Agency  
Abstraction and Impoundment Licensing Team  
Water Regulation Group  
17 Antrim Road  
Lisburn  
Co Antrim  
BT28 3AL

Tel: (028) 9263 3462

Email: [AiL@daera-ni.gov.uk](mailto:AiL@daera-ni.gov.uk)

Please note that your application may be returned to you if it is not complete or if the appropriate application fee has not been submitted.