

WO1 - ANNEX 1

SEWAGE DISCHARGED UNDER EMERGENCY CONDITIONS

Please complete this annex if you are proposing to make a discharge in an emergency, from a sewage pumping station.

<i>Official Use Only</i> File Ref:

1. General

- (i) Irish Grid Reference of Discharge point □/□□□□/□□□□
- (ii) Name of the receiving waterway
- (iii) Name of the Waste Water Treatment Works to which sewage is to be pumped
- (iv) Is this pumping station to be adopted by Water Service **Yes/No***
- (v) Is the drainage system, served by this pumping station, separated i.e. are all surface water flows excluded? **Yes/No***
- (vi) EHS Water Management Unit requires documentary evidence that the relevant permissions to discharge in an emergency have been sought from the authority or person(s) with responsibility for the proposed receiving waterway. Has such documented evidence been forwarded along with this application? **Yes/No***

[If no, then such permission as required should be sought and forwarded to EHS Water Management Unit as soon as possible. Without such documentary evidence this application will not be progressed].

*** Delete as appropriate**

2. Pumps

- (i) Number of duty pumps Number of pumps on stand-by
- (ii) Capacity of pumps(litres per sec)

3. Design features

- (i) Design average daily flow for pumping station m³/day
- (ii) Storage capacity in system (wet well plus upstream sewerage system) m³
- (iii) Proposed maximum total retention time before discharge at design average daily flow hours
- (iv) Facilities to be provided for solids separation to prevent the discharge of gross solids
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- (v) Minimum particle size to be retained by solids separation equipment mm
- (vi) Will facilities be provided for installation of a mobile stand-by generator? **Yes/No***
- (vii) Will there be access for a tanker to remove sewage when necessary? **Yes/No***
- (viii) Alarm details (prior to adoption by Water Service) and who will respond to the alarm.

Please provide Names and Telephone Numbers of 2 persons who will respond to the Alarm.

Name: Tel:

Name: Tel:

* Delete as appropriate