

WATER (NORTHERN IRELAND) ORDER 1999

**MAIN APPLICATION FORM
 (WO1)**

Application for ~~new consent~~/variation to an existing consent* to discharge
 (*delete as appropriate)

**NB: If application is in respect of a single domestic dwelling a separate form
 (WO2) should be completed.**

<p>RETURN TO:</p> <p>Northern Ireland Environment Agency Water Regulation Group 17 Antrim Road LISBURN Co Antrim BT28 3AL</p>	<p><u>Official Use Only</u></p> <p>FileRef:</p> <p>Date Received:</p> <p>Applic Fee Received: <input type="checkbox"/> Yes £ <input type="checkbox"/> No</p>
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Each applicant must complete this main form and separate Annexes as required. Please look through the form and read the notes carefully before you complete it. Processing of your application will be aided by full and accurate completion of all the relevant sections and provision of the necessary plans. If you have any queries about the form please telephone the above number.

NOTE:

All information contained within this application will be made available on the public register unless there is a request to withhold any of it. Any such request should provide a full justification stating why the information should be withheld.

1 SITE ADDRESS

1.1 Address or other sufficient description of land or premises to which this application applies.

<p>Curraghinalt, Cortin, County Tyrone Land associated with existing mineral exploration works</p> <p>Post Code BT 79 7SF</p>
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2 DETAILS OF DISCHARGE(S)

2.1 State the nature of the discharge(s) (see notes i and ii) - tick one or more boxes as appropriate:-

- Sewage discharged from a pumping station under emergency conditions (**complete also Annex 1**)
- Trade Effluent (including site drainage) (**complete Annex 2**)
- Landfill/Waste Disposal Site (**complete Annex 3**)
- Aquaculture Farm (**complete Annex 4**)
- Sewage Effluent (**complete Annex 5**)

NB: *If application is in respect of a single domestic dwelling a separate form applies. (Form WO2)*

2.2 Are there any existing consents to discharge from the premises (see note vi)? Yes No
If yes, please give the reference number(s).

Consent No. 068/12/12

3. SITE DETAILS

3.1 Has planning permission been applied for or granted? Yes No
If yes, please give details below.

LA10/2016/0920/PAN

3.2 Please give details of the premises - tick as appropriate:-

- | | | | |
|---|-------------------------------------|--------------------------------------|--------------------------|
| 1. Domestic Dwellings - (please state number) | <input type="checkbox"/> | 5. Aquaculture Farm (please specify) | <input type="checkbox"/> |
| 2. Vehicle Parking Area | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Trade Premises (please specify) | <input checked="" type="checkbox"/> | 6. Mineral Workings | <input type="checkbox"/> |
| <input type="checkbox"/> Gold Mine | | 7. Landfill Site | <input type="checkbox"/> |
| 4. Commercial Premises (please specify) | <input type="checkbox"/> | 8. Other (please specify) | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> | |

3.3 Please indicate source of the water supply - tick as appropriate:-

- | | | | |
|-------------------------------------|-------------------------------------|---|--------------------------|
| 1. Well | <input type="checkbox"/> | 5. River (please give name below) | <input type="checkbox"/> |
| 2. Borehole | <input type="checkbox"/> | 6. Estuary (please give name below) | <input type="checkbox"/> |
| 3. Precipitation (eg, rain or snow) | <input checked="" type="checkbox"/> | 7. Coastal Water (please give name below) | <input type="checkbox"/> |
| 4. Mains | <input type="checkbox"/> | <input type="checkbox"/> | |

3.4 Please list amounts/volumes of chemicals and fuels stored on the premises?

Sodium hypochlorite (5m³), citric acid (5m³), Gensys CAS antiscalant (3m³), Genesol SD antiscalant (3m³), sodium hydroxide (5m³), sodium bisulphite (5m³), sulphuric acid (2m³), flocculant (eg., Magnafloc LT25-DW1).

4 DETAILS OF RECEIVING ENVIRONMENT

4.1 Is there a foul sewer available to which the discharge(s) could be made? Yes No
(see note viii)
If yes, please state why it is not practical to connect to it (eg, distance, flow etc)

5 DETAILS OF APPLICANT AND OTHER INFORMATION

(See general notes and note xi)

5.1 (a) Full name and postal address of applicant. This should be the person who will become the consent holder should consent be granted.
MR BRIAN KELLY,
MANAGING DIRECTOR,
DALRADIAN GOLD LTD,
3, KILLYBRACK ROAD,
OMAGH
Post Code: BT 79 70G
E-mail Address: [redacted]@dalradian.com
Daytime Telephone Number: 028 82 [redacted] Fax: 028 82 [redacted]

Company Registration Number (if appropriate): NI 008465

(b) Agent (if any) - Full name and postal address:

Post Code: BT
E-mail Address:
Daytime Telephone Number: 028 Fax: 028

5.2

Please give full name and address to which invoices for any annual charges should be sent if different to that given above:

Post Code: BT
E-mail Address:
Daytime Telephone Number: 028 Fax: 028

DECLARATION

I/We*:

1. apply under the Water (Northern Ireland) Order 1999 for consent to discharge, as described in this Application. "This Application" means this page, all the other pages of this form and any attached annexes, the attached plan(s), any other sheets attached, and any other written information supplied to support the application.
2. enclose the required application fee, payable to the "Department of the Environment" (see note xii).
3. enclose 2 copies of the location map and also the site plan(s) with all relevant information clearly marked (see note xiii).
4. will pay required advertising costs (see note xiv).
5. confirm that I/We* will notify the Department of any changes in the information in this application which might be material to the continuation of the consent, if granted.
6. confirm that the information given in this application and any questions which the Department may have about it is/will* be true to the best of my/our* knowledge, information and belief and am/are* not aware of any other facts or information which might affect either the granting of a consent or the conditions which might be put on it (see note xv).
7. confirm that I/We* will pay any annual charges due should a consent be granted (see note xvii).

(*Delete as appropriate)

APPLICANT'S SIGNATURE: .. [REDACTED]	PRINT NAME: [REDACTED]
ON BEHALF OF: <u>DALRADIAN GOLD LIMITED</u> DATED: <u>17th April 2020</u> (Name of Company if appropriate)	

NB: This section must be signed by the Applicant. (Photocopies not acceptable.)

CONFIDENTIALITY

I/We apply for commercial confidentiality and enclose a full written justification (see note xv).

SIGNED:	DATED:
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CHECK LIST - Have you enclosed?

- | | | |
|---|---------------------------------------|------------------------------|
| <input type="checkbox"/> Main Form WO1 | <input type="checkbox"/> Site Plan(s) | <input type="checkbox"/> Fee |
| <input type="checkbox"/> Relevant Annexes | <input type="checkbox"/> Location Map | |

PLEASE RETURN THIS FORM TO THE ADDRESS GIVEN ON THE FRONT PAGE

We do not automatically provide a receipt for the payment of the fee but if one is required, please provide an email address: