

**OFFICIAL USE ONLY**

**REF:**

**RECEIVED:**



**Comhairle Chontae Laoise  
Laois County Council**

**APPLICATION FORM FOR**

**SITE ASSESSMENT IN ACCORDANCE WITH E.P.A CODE OF PRACTICE WASTEWATER  
TREATMENT AND DISPOSAL SYSTEMS SERVING SINGLE HOUSES ( p.e. ≤10)**

**1.** Applicant Name: \_\_\_\_\_

**2.** Contact Tel. No: \_\_\_\_\_

**3.** Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

**4.** Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

**5.** Email Address: \_\_\_\_\_

**6.** Description of Proposed Development: \_\_\_\_\_

No of Sites: \_\_\_\_\_

No. Of Bedrooms per dwelling:

A)Single: \_\_\_\_\_

B)Double: \_\_\_\_\_

**7.** Location of proposed dwelling: \_\_\_\_\_

**8.** Site Area (Acres / Hectares): \_\_\_\_\_

**9.** Has the site or any part of the site undergone percolation test by Laois County Council:

Yes:

No:  If yes, please state reference number: \_\_\_\_\_

If yes, please outline what site improvement works/changes have been made prior to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Name and address of Landowner:** \_\_\_\_\_  
(Refer to attached form)

**11. Source of Water Supply for Proposed Development:**  
(Please tick appropriately)

Proposed bored well   
Existing well   
New public mains connection   
Existing public mains connection   
Group Water Scheme   
Name of Scheme \_\_\_\_\_

**12. Name of Public/Group Water Supply Scheme within 1KM (if applicable)** \_\_\_\_\_

**PLEASE ENSURE THAT THE FOLLOWING ARE ENCLOSED WITH YOUR COMPLETED APPLICATION FORM, FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING RETURNED TO YOU.**

**13. 2 no. 6" Ordnance Survey Maps or 2 no. Discovery Series Maps.**

- a. The proposed site must be outlined in red.

**14. 2 no. Site Location Maps of the area to be to a scale of 1/2500.**

- a. The proposed site must be outlined in red, the north point indicated and the relevant Ordnance Survey Sheet number should be included.
- b. Access to the site and position of site notice should be clearly shown.
- c. The site location map must show all up to date development on adjacent sites within **250m radius**. It should include buildings, wells, septic tanks, proprietary treatment systems and percolation areas, streams and water courses denoting distances to relevant site.

**15. 2 no. Site Layout Plans to minimum scale of 1/500.**

- a. The proposed site must be outlined in red, the north point indicated and it should show contours/ levels.
- b. All developments existing and proposed on site must be shown, including location of wells, septic tanks, proprietary treatment systems and percolation areas and existing and proposed buildings, streams, water courses and measurements.

**16. Fee enclosed: €550**

- Please be advised that on completion of the desk top study Laois County Council will advise the applicant of date and time for trial holes to be excavated on site under the supervision of Laois County Council Official .
- If for exceptional reasons you wish to postpone or cancel the Site Suitability Assessment or excavation of trial holes, a minimum of 4 working days notice is required or you may be liable for a revisit fee of €250.
- Any query in relation to Site Suitability Assessment should be directed to (057) 8664114.
- A message may be left on the above telephone number after 5pm and at weekends.

SIGNED APPLICANT/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

Completed applications should be submitted to:  
 The Planning Section,  
 Áras an Chontae,  
 Laois County Council,  
 Portlaoise,  
 Co. Laois.

<b><u>OFFICIAL USE ONLY</u></b>	
Is form satisfactorily completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGNED: _____	DATED: _____

<b><u>OFFICIAL USE ONLY</u></b>	
Date and time of requested excavation of trial holes on site:	
SIGNED: _____	DATE: _____



## **LANDOWNER CONSENT FORM**

I \_\_\_\_\_ CONSENT TO THE FOLLOWING:

1. COUNCIL STAFF ARE PERMITTED ONTO MY LANDS FOR TESTING PURPOSES.
2. THERE ARE NO LIVESTOCK ON THE SITE OR ENTRY LANDS TO THE SITE.

SIGNED: \_\_\_\_\_  
LANDOWNER



# **SITE NOTICE**

## SITE SUITABILITY ASSESSMENT

**APPLICANT NAME:**

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**LOCATION (TOWNSLAND):**

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**DATE:**

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