



**Comhairle Chontae Uibh Fhaili**  
**Offaly County Council**

**NOTIFICATION FORM**

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

**1a. Applicant Name:**

**1b. Assessors Name & Company**

**2. Contact Tel. No:**

**3. Site Address:**

**4. Address for Correspondence:**

**5. Email Address:**

**6. Date and Time of P & T and site  
characterisation test to be carried  
out.**

**7. Description of  
Proposed Development:**

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

**8. Location of proposed dwelling:**

**9. Site Area (Acres / Hectares):**

**10. Has the site or any part of the site  
undergone percolation test by  
Offaly 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:**

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

**12.** 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 \_\_\_\_\_

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

Please note:

- Offaly County Council requires 2 weeks notice of test date
- Trial and test holes to be kept open for 4 weeks after the date of carrying out the test, unless otherwise advised by the Council.

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

- Proof of Suitably Qualified status – Assessors qualifications to complete assessment
- Evidence of Professional Indemnity of €1,000,000
- Written confirmation from the landowner confirming that :
  - a. Council officials are permitted onto the lands for inspection/auditing purposes, and
  - b. That there are no livestock on the site or entry lands to the site for the duration of the site visits. (Template for Consent Form attached)
- 1 no. 6" Ordnance Survey Maps or 2 no. Discovery Series Maps.
  - a. The proposed site must be outlined in red.
- 1 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 Suitability Assessment Site *Notice* (copy attached) 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.
- **1 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.
- **If for exceptional reasons you wish to postpone or cancel the Site Suitability Assessment, a minimum of 1 working day's notice is required. For out of office hours, a message may be left at the following number 057 9357403.**
- **The completed Notification Form shall be submitted to Environment & Water Services Section, Offaly County Council, Áras an Chontae, Charleville Road, Tullamore, Co. Offaly**

SIGNED: \_\_\_\_\_  
Applicant/Agent

Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Is form satisfactorily completed: Yes ☐ No ☐

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

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**OFFICIAL USE ONLY**

**Assessment Notes:** \_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



***Comhairle Chontae Uibh Fhaili***  
***Offaly County Council***

## **LANDOWNER CONSENT FORM**

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

1. COUNCIL STAFF ARE PERMITTED ONTO MY LANDS FOR  
INSPECTION/AUDITING PURPOSES FOR SITE SUITABILITY ASSESSMENTS
  
2. THERE ARE NO LIVESTOCK ON THE SITE OR ENTRY LANDS TO THE SITE FOR  
THE DURATION OF THE SITE VISITS.

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

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

# ***SITE NOTICE***

## **SITE SUITABILITY ASSESSMENT**

**APPLICANT NAME:** \_\_\_\_\_

**LOCATION (TOWNSLAND):** \_\_\_\_\_

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