

**THE REPUBLIC OF UGANDA**  
**THE WATER ACT (Cap. 152)**  
**The Water (Waste Discharge) Regulations, 1998**

**APPLICATION FOR A WASTE DISCHARGE PERMIT FORM A**

*To be completed in triplicate (3)*

Complete this form if you want to apply for a permit to discharge, for a new discharge or for a variation to an existing permit to discharge under the Water (Waste Discharges) Regulations. You will also have to complete Attachment A, B, C, or D. A different form is required for trade effluents discharged to sewer for treatment at Municipal Wastewater Treatment Plant.

A permit is required for each separate discharge. If you currently discharge or propose to discharge from more than one point, then a separate application form must be completed for each and every discharge.

Is this an application for a new discharge or a variation to an existing discharge?

**New**

**Variation**

Have you made or do you intend to make, an application to the Minister for exemption from publicity

**Yes**

**No**

**1.- NAMES AND ADDRESSES**

Name : \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

District: \_\_\_\_\_

Designation: \_\_\_\_\_

Acting for Company/Individual/NGO/Partnership/Participation/Cooperative Society \* \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

District: \_\_\_\_\_ Town: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

\* *Delete what is not applicable*

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**2.- LAND RELATED TO THIS APPLICATION**

Name of land owner where the works  
and use of water occurs or will occur: \_\_\_\_\_

Address of owner: \_\_\_\_\_

Property regime of land:  
 Bonafide Occupant    Mailo    Customary tenure    Freehold    Leasehold

If leasehold indicate Volume \_\_\_\_\_ Folio No \_\_\_\_\_

If Mailo or freehold indicate Block No \_\_\_\_\_ Plot No \_\_\_\_\_

Location of land where works  
and use of water occurs or will occur: \_\_\_\_\_

District: \_\_\_\_\_ Area of that land \_\_\_\_\_ (in Hectares)

**3.-SOURCE OF WATER AND PURPOSE OF WATER USE**

**3.1** Select the source of water from or to which you wish to take water:

- |                                 |  |                                   |  |
|---------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> River  | <input type="checkbox"/> Lake                  | <input type="checkbox"/> Channel  | <input type="checkbox"/> Dam           |
| <input type="checkbox"/> Stream | <input type="checkbox"/> Lagoon                | <input type="checkbox"/> Ditch    | <input type="checkbox"/> Dry river bed |
| <input type="checkbox"/> Swamp  | <input type="checkbox"/> Wetland               | <input type="checkbox"/> Borehole | <input type="checkbox"/> Dug well      |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Other. Specify: _____ |                                   |  |

Common name of the source of water: \_\_\_\_\_

Specific point where the water is  
or will be taken: \_\_\_\_\_

Side of the water uptake (when applicable):                       Right                       Left

District where the water uptake is located (when applicable): \_\_\_\_\_

Give details of any water permit you hold to discharge water into this source: \_\_\_\_\_

(Attach a topographic map 1:50,000, indicating location of the in-take works).

**3.2** Use or proposed use of water: (Tick one or more boxes as appropriate)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Irrigation            | <input type="checkbox"/> Livestock        | <input type="checkbox"/> Urban domestic |
| <input type="checkbox"/> Rural domestic        | <input type="checkbox"/> Industrial       | <input type="checkbox"/> Fisheries      |
| <input type="checkbox"/> Services              | <input type="checkbox"/> Power generation | <input type="checkbox"/> Recreational   |
| <input type="checkbox"/> Other. Specify: _____ |   |   |

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Basin: \_\_\_\_\_ Catchment: \_\_\_\_\_

National Grid Reference of point of water uptake: Long: \_\_\_\_\_ Lat: \_\_\_\_\_

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**4.- NATURE OF THE DISCHARGE**

Tick one or more boxes as appropriate

State the nature of the discharge:

- |  |   |
|--|---|
| <input type="checkbox"/> Sewage Effluent | <input type="checkbox"/> Emergency discharge of sewage effluent             |
| <input type="checkbox"/> Trade Waste     | <input type="checkbox"/> Any other matter (inc. contaminated surface water) |
- Specify: \_\_\_\_\_

For sewage and trade wastes and emergency discharges:

- (a) Maximum quantity it is proposed to discharge in one day: \_\_\_\_\_ cubic metre per day  
 (b) Highest rate at which it is proposed to operate the discharges: \_\_\_\_\_ l/sec  
 (c) Periods during which discharge will take place: \_\_\_\_\_

For rainfall dependent discharges, state the area to be drained: \_\_\_\_\_ m<sup>2</sup>

Identify roof areas and other impervious areas: \_\_\_\_\_

**5.- MEANS OF DISCHARGE**

Indicate proposed means of discharge:

- |  |                                  |  |                                   |
|--|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Pipe                                | <input type="checkbox"/> Channel | <input type="checkbox"/> Borehole              | <input type="checkbox"/> Soakaway |
| <input type="checkbox"/> Well                                | <input type="checkbox"/> Culvert | <input type="checkbox"/> Sub-irrigation system |                                   |
| <input type="checkbox"/> Soakaway and sub-irrigation system. |                                  | <input type="checkbox"/> Other.                |                                   |
- Specify: \_\_\_\_\_

**6.- TECHNICAL DETAILS OF THE DISCHARGE**

Give details as appropriate:

(a) For pipes, channels, wells and boreholes:

Diameter: \_\_\_\_\_ millimeters. Dimension (s): \_\_\_\_\_ metres.

(b) For sub-irrigation systems, soakaway pits, wells and boreholes:

Depth: \_\_\_\_\_ metres.

Geological stratum (if known): \_\_\_\_\_

(c) For boreholes:

Type of lining: \_\_\_\_\_ . Depth of lining: \_\_\_\_\_ metres.

Depth of perforated lining: \_\_\_\_\_ metres. Depth of unperforated lining: \_\_\_\_\_ metres.

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**7. RECIPIENT**

Water to which waste will be discharged directly or indirectly. Tick the category to which the proposed discharge(s) are to be made:

- |   |  |
|---|--|
| <input type="checkbox"/> River or stream                                  | <input type="checkbox"/> Onto land                 |
| <input type="checkbox"/> Canal  | <input type="checkbox"/> Directly into groundwater |
| <input type="checkbox"/> Lake or pond                                     | <input type="checkbox"/> Into land and watercourse |
| <input type="checkbox"/> Into land (not discharging to a river or stream) |  |

State name of watercourse (if known): \_\_\_\_\_

Is there a foul sewer available to which the discharge could be made?

- Yes  No

If Yes, give reason for not connecting: \_\_\_\_\_

Distance from nearest foul sewer: \_\_\_\_\_ metres.

**8. SAMPLING OF THE DISCHARGE**

Authority will normally be required provision for the taking of samples of the discharge. Please indicate the means proposed.

- |  |   |
|--|---|
| <input type="checkbox"/> At the outlet | <input type="checkbox"/> At the manhole or sampling chamber |
| <input type="checkbox"/> See Plan      | <input type="checkbox"/> Other. Give further details: _____ |

**9.- OTHER INFORMATION**

Is permit required for limited period?:  Yes  No

If Yes, give relevant dates: \_\_\_\_\_

On what date do you anticipate the discharge will begin to be made: \_\_\_\_\_

Does this proposal replace an existing discharge:  Yes  No

If Yes, give details: \_\_\_\_\_

Are there any existing consents for discharge from the premises?:

- Yes  No

If Yes, give details, numbers if known: \_\_\_\_\_

Please give the details of the premises. (Tick as appropriate):

- |   |  |
|---|--|
| <input type="checkbox"/> Vehicle parking area   | <input type="checkbox"/> Industrial premises |
| <input type="checkbox"/> Fish farm              | <input type="checkbox"/> Mineral workings    |
| <input type="checkbox"/> Sewage treatment works | <input type="checkbox"/> Water supply        |
| <input type="checkbox"/> Other. Specify: _____  |  |

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**DECLARATION OF THE APPLICANT**

I certify that the information provided in this form is correct to the best of my knowledge. I also agree that no decision will be made pursuant to this application until I receive a notification from the Director of Water Development that I have provided all the necessary information.

**Signature**

**Seal/Stamp**

Full names: \_\_\_\_\_

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

**NOTE**

- 1) You must ensure to provide the information on Attachment A, B, C, or D.
- 2) A permit is required for each separate discharge. If you currently discharge or propose to discharge from more than one point, separate application forms must be filled for each and every discharge.
- 3) The Director will return one form to the applicant authenticated with the official seal.
- 4) You must attach CASH or CHEQUE for Ushs..... for processing your application and send them to:

The Director  
 Directorate of Water Development  
 P.O. Box 20026  
 Kampala

The Director may require you to advertise this application at your cost in a way specified by the Director.

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**RECEPTION DATE: (D)\_\_(M)\_\_(Y)\_\_. APPLICATION NUMBER: \_\_\_\_\_**

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**PART A**

**APPLICATION FOR A WASTE DISCHARGE PERMIT**

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**IN THE CASE OF SUB-IRRIGATION SYSTEMS AND SOAKAWAYS:**

a) Is any part of the system within 10 metres of the site boundary:

Yes  No

b) Is any part of the system within 10 metres of a watercourse:

Yes  No

c) Is the land in which the disposal system is to be constructed under-drained with land drains discharging to a watercourse or to be so drained?

Yes  No

d) If the answer to either (b) or (c) is YES:

Please state the name of the watercourse or sufficient information to identify it.: \_\_\_\_\_

e) Attach details of the percolation test carried out.

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**Signature**

**Seal/Stamp**

Full names: \_\_\_\_\_

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

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**PART B**

**APPLICATION FOR A WASTE DISCHARGE PERMIT**

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**FOR SEWAGE TREATMENT PLANTS:**

a) State the population served/population equivalent/estimated population:

All year:

Wet season

Dry season

b) Give details of the treatment plant to be used. Attach extra sheets if necessary.

**DECLARATION OF THE APPLICANT**

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**Signature**

**Seal/Stamp**

Full names: \_\_\_\_\_

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

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**PART C**

**APPLICATION FOR A WASTE DISCHARGE PERMIT**

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**FOR TRADE WASTES AND SEWAGE DISCHARGES CONTAINING TRADE WASTES:**

- (a) Describe the process(es) from which the waste arises and the characteristics of the trade waste including the max. min and mean values of COD, BOD and SS of the waste.
- (b) Maximum temperature of the waste discharged .....°C
- (c) Does the waste contain any of the following? ( ) YES ( ) NO  
 If YES, underline those present and give full details separately (including maximum, minimum and mean values)
- |                                |  |
|--------------------------------|--|
| 1. Aldrin                      | 25. Iron   |
| 2. Arsenic                     | 26. Lead   |
| 3. Atrazine                    | 27. Malathion                                      |
| 4. Azinphos-ethyl              | 28. Mercury and its compounds                      |
| 5. Azinphos-methyl             | 29. Nickel   |
| 6. Boron                       | 30. Parathion                                      |
| 7. Cadmium and its compounds   | 31. Parathion-methyl                               |
| 8. Carbon tetra-chloride       | 32. PCSD's   |
| 9. Chloroform                  | 33. Pentachlorophenol (PCP) and its compounds      |
| 10. Chromium                   | 34. Perchloroethylene                              |
| 11. Copper                     | 35. Permethrin (PH if outside of range 5.5 to 9.0) |
| 12. Cyanide                    | 36. Polychlorinated biphenyls                      |
| 13. Cyfluthrin                 | 37. Simazine                                       |
| 14. DDT                        | 38. Sulcofuron                                     |
| 15. 1,2-Dichloroethane         | 39. Tetrachloroethylene                            |
| 16. Dichlorvos                 | 40. Tributyltin compounds                          |
| 17. Dioxins                    | 41. Trichlorobenzene                               |
| 18. Endosulfan                 | 42. Trichloroethane                                |
| 19. Fenitotion                 | 43. Trichloroethylene                              |
| 20. Fenthion                   | 44. Trifluralin                                    |
| 21. Flucofuron                 | 45. Triphenyltin compounds                         |
| 22. Hexachlorobenzene (HCB)    | 46. Vanadium                                       |
| 23. Hexachlorobutadiene (HCBd) | 47. Zinc   |
| 24. Hexachlorocyclohexane      | 48. Isodrin  |
- (d) Give details of any other significant chemical components contained in the waste especially of any wastes containing chemical components controlled under the National Environment Statute or any other law in force (attach separate sheet).

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**Signature**

**Seal/Stamp**

Full names: \_\_\_\_\_

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

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**PART D**



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**FOR EMERGENCY DISCHARGES AND CONTAMINATED SURFACE WATERS:**

State the type of discharge. Tick one or more boxes as appropriate:-	
Emergency overflow from sewer	<input type="checkbox"/> Answer all except 23
Emergency overflow from pumping station	<input type="checkbox"/> Answer all except 22
Contaminated surface water	<input type="checkbox"/> Answer 24,27
Other	<input type="checkbox"/> Answer as appropriate
If other, please give further details:	
21	
(a) State average flow to pumping station/in sewer	m <sup>3</sup> /day
(b) State maximum flow to pumping station/in sewer	l/sec
22 Expected frequency of operation	per annum
23 State volume of wet well	m <sup>3</sup>
24 What provisions have been made to raise alarms (e.g telemetry)	
25 What facilities have been provided to prevent the discharge of gross solids? (For screens give bar spacing or aperture)	
26 What provisions have been included to deal with (a) power failure? (b) mechanical breakdown? (c) rising main failure?	
27 What facilities have been provided for flow measurements	
28 Are there any other factors to be taken into account?	

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**Signature**

**Seal/Stamp**

Full names: \_\_\_\_\_

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

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