200 Environmental Protection Agency

> Headquarters, PO Box 3000 Johnstown Castle Estate County Wexford, Ireland

Ceanncheathrú, Bosca Poist 3000 Eastát Chaisleán Bhaile Sheáin Contae Loch Garman, Éire

T: +353 53 9160600 F: +353 53 9160699 E: info@epa.ie W: www.epa.ie LoCall: 1890 33 55 99

Mr Kevin Costelloe A/Director of Water Services Cork County Council County Hall Cork

20/11/2014

Reg. No. D0428-01 Mogeely

Re: Refund of Waste Water Discharge Licence Fee

Dear Mr Costelloe,

I refer to the waste water discharge licence application, reference number D0428-01, in respect of the above referenced facility, and in particular to your letter received on 25th October 2013 in relation to a refund in accordance with Regulation 38(3) of the Waste Water Discharge (Authorisation) Regulations, 2007, as amended, of the fee payable to the Agency in respect of the above referenced application.

I am to advise that the Board of the Agency has decided to grant a refund of 100% of the application fee i.e. \notin 10,000.

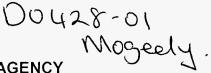
The Agency can no longer issue any cheques in respect of any refunds we grant to licensees. In order for us to make a payment directly to your bank account, please complete the attached form and return it to Administration, Environmental Licensing Programme, Office of Climate, Licensing & Resource Use, Environmental Protection Agency, P.O. Box 3000, Johnstown Castle Estate, County Wexford.

Yours sincerely,

. lole

Ann Kehoe Programme Officer Environmental Licensing Programme Office of Climate, Licensing & Resource Use







ENVIRONMENTAL PROTECTION AGENCY

An Ghníomhaireacht um Chaomhnú Comhshaoil

| Fax: Tel: Internatio | 053-9160697/9160699 053-9160600 onal Fax: +353-53- | Environmental Licensing Programme P.O. Box 3000 Johnstown Castle Estate Co. Wexford |
|----------------------------|--|--|
| 9160697/ | | IRELAND |
| То: | | Phone: 053 9160600 |
| Attention: | Office of Licensing & Guidance | Date: 20 November 2014 |

In order for us make future payments directly to your bank account please complete the following form:

| Name: | | |
|-------------------|---------|--|
| Address: | | |
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| Contact: | | |
| Contact. | | |
| Phone No: | Fax No: | |
| Bank Name: | | |
| Account No: | | |
| Sort Code: | | |
| BIC Code:** | | |
| IBAN: ** | | |
| Bank Address: | | |
| Account Name: | | |
| Email Remittance: | | |
| Email Purchase Or | der: | |

** Please note this information can be found on your bank statement. From 2010 please be advised that these codes are compulsory for all EFT payments.