

# APPLICATION FOR *TEMPORARY* TRADE WASTE DISCHARGE

PLEASE PRINT CLEARLY

<p><b>APPLICANT</b></p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p> <p>Applicant responsible for liquid waste</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Generation</p> <p><input type="checkbox"/> Licensed transporter</p>
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<p><b>GENERATOR / TRANSPORTER OF LIQUID WASTE</b> (Delete applicant's responsibility)</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p>
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<p><b>APPLICATION SOUGHT FOR</b></p> <p><input type="checkbox"/> One discharge</p> <p><input type="checkbox"/> A number of discharges of the same kind of liquid waste over a period of one year</p>
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<p><b>PROPOSED POINT OF DISPOSAL</b></p> <p>_____</p> <p>_____</p> <p>If from premises to public sewer, what is the existing trade waste consent number</p> <p>_____</p>
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<p><b>PROPOSED TIMING OF DISPOSAL</b></p> <p>Time: _____</p> <p>Date: _____</p>
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<p><b>LIQUID WASTE</b></p> <p>Quantity: _____ m<sup>3</sup></p> <p>Source: _____</p> <p>_____</p> <p>_____</p> <p>Process in which waste was produced: _____</p> <p>_____</p> <p>_____</p> <p>General characteristics</p> <p>BOD<sub>5</sub>: _____ mg/L</p> <p>COD: _____ mg/L</p> <p>Suspended solids: _____ mg/L</p> <p>pH: _____ pH units</p> <p>Oil and grease: _____ mg/L</p> <p>List of characteristics which are likely to be greater than 50% of concentrations stipulated in Schedule 1A of the Trade Waste Bylaw</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>ANALYSIS</b></p> <p>(Check with Waipa District Council whether this is required)</p> <p><input type="checkbox"/> Appended</p> <p><input type="checkbox"/> Not Required</p>
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<p><b>DECLARATION</b></p> <p>I/We hereby certify that the above liquid waste is accurately described</p> <p>Applicant: _____</p> <p>Transporter / Generator: _____</p>
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# APPLICATION FOR *TEMPORARY* TRADE WASTE DISCHARGE

**FOR OFFICE USE ONLY**

**Application received and checked by**

Inspector/Clerk: \_\_\_\_\_

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

Application No.: \_\_\_\_\_

<b>APPLICATION</b>
Temporary Discharge: <input type="checkbox"/> Approved
<input type="checkbox"/> Not approved
Approved by: _____
Date: _____

Debtor Number: _____
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<b>TEMPORARY DISCHARGE FEE</b>
\$ _____
GST \$ _____
Total _____

<b>TEMPORARY DISCHARGE</b>
If approved:
Location discharged: _____
_____
_____
Time and Date: _____
If not approved:
Where referred to: _____
_____
_____

Cashier Receipt: _____
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File No: _____
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