

Application For Trade Waste Discharge

Pursuant to Hamilton City Council Trade Waste and Wastewater Bylaw (2016), Waikato District Council Trade Waste and Wastewater Bylaw (2016), and Waipa District Council Trade Waste (2011)

For Office Use Only:

Trade Waste Consent Number:

Assigned To:

Application Received Date:

SECTION A: GENERAL INFORMATION

A1: LOCAL AUTHORITY:

Hamilton City Council

Waikato District Council

Waipa District Council

A2: COMPANY/PREMISE DETAILS

Legal Name: _____

Trade Name: _____

Occupier/Discharger: _____

Physical Address: _____

Post Code: _____

Postal Address: _____

Post Code: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

A3: THIS APPLICATION RELATES TO

- Temporary Discharge
- Proposed New Discharge
- Renewal of a Consent
- Variation to an Existing Consent:

Nature of Variation: _____

COUNCIL CONNECTIONS:

Council Wastewater Network: Yes / No

Council Stormwater Network: Yes / No

Council Water Supply: Yes / No

Other Source of Water: Yes / No

Specify: _____

A4: DESCRIPTION OF MAIN TRADE ACTIVITY

- Food Premises
- Process/Manufacturing
- Healthcare
- Hair & Beauty Services
- Service Station/Car Wash
- Laundromat/Dry Cleaners
- Tanker
- Leachate/Landfill Wastes
- Other; Specify: _____

Describe Processes and Main Trade Activity:

IMPORTANT: Attach site drainage plans showing process areas, trade waste drains, domestic wastewater drains, stormwater drains, pre-treatment device location, flow measuring devices, sampling point and water meter (s).

SECTION B: NATURE OF THE TRADE WASTE

B1: GENERAL CHARACTERISTICS OF TRADE WASTE

Does the discharge meet the Permitted Characteristics specified in Schedule 1A (Hamilton City Council & Waikato District Council) or Schedule 1 (Waipa District Council) of the Bylaw? Yes / No

If No, please refer to Section 8.3 – Processing an Application (Hamilton City Council & Waikato District Council) and Section 3.4 – Matters for Consideration of an Application (Waipa District Council) and provide all the necessary information to address all the items specified in these Sections. Please attach the additional information with this application.

B2: OPERATIONAL DAYS/DISCHARGE HOURS

Days Operating: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation: _____

B3: TRADE WASTE DISCHARGE VOLUME

Continuous Discharge OR Batch Discharge

Maximum Daily Discharge Volume (m³/day): _____

Maximum Instantaneous Flow Rate (litres/second): _____

Batch Discharge Volume (m³): _____

Frequency of Batch Discharge (if applicable): _____

B4: TRADE WASTE DISCHARGE VOLUME FLOW MEASUREMENT

Proposed method of flow measurement:

- Permanent installation of Council-approved waste flow measuring equipment
- Based on water usage as measured by a Council meter

Proposed Water Loss Factor: _____

Note: Attach supporting information regarding the calculation of the water loss factor

B5: PROCESS AND POLLUTANTS

List any substances which are stored, used and/or generated on the premise (e.g. chemicals, oil solvents, waste products, etc.). Attach Material Safety Data Sheets (MSDS) if necessary.

Describe mitigation measures employed to prevent accidental spillages of these substances from entering the public sewer or stormwater systems. Attach additional information if necessary

SECTION C: PRE-TREATMENT SYSTEMS

C1: PROPOSED/EXISTING PRE-TREATMENT DEVICES

- Screens Grease Removal System Flow Balance First-flush Diversion pH adjustment Amalgam Separator
- Chemical/Biological Treatment Oil and Grit Interceptor Balance/Holding Tank Complex Filtration System
- Other Pre-treatment:

Specify: _____

C2: SPECIFICATION OF PRE-TREATMENT SYSTEM(S):

- Attach specification of proposed/existing pre-treatment device(s)

Type: _____ Make/Model: _____

Size: _____ (litres)

C3: PRE-TREATMENT SERVICING

Contractor: _____

Contact Phone Number: _____

Frequency of Service: _____

SECTION D: LIQUID WASTE REMOVAL FROM SITE

List all Liquid Waste(s) removed from site: _____

Contractor: _____

Contact Phone Number: _____

Frequency: _____

SECTION E: REDUCING LIQUID AND SOLID WASTE

List all waste (liquid and solid wastes) minimisation and cleaner production initiatives that will be implemented in the premise; Attach further information if necessary.

SECTION F: HEALTH AND SAFETY

Is there an induction required? Yes / No

Health and Safety (induction requirements, hazard registers, PPE requirements, etc.) requirement(s) for Council staff prior to entering site:

Please note: The Council Trade Waste Bylaws and Local Government Act 2002 allow the following:

All Authorised Officers or Authorised Agents of the Council, or any analysts, may enter any premise believed to be discharging trade waste at any time in order to determine any characteristics of any actual or potential discharge by:

- a) Taking readings or measurements
- b) Carrying out site inspection audits; and/or
- c) Taking samples for testing, of any solids, liquid or gaseous material or any combination or mixture of such materials.

PRIVACY

The information supplied in this application form will be held and used by Shared Services staff on behalf of Hamilton City Council, Waikato District Council or Waipa District Council. The information will not be disclosed by Shared Services unless legally required under the Local Government Official Information and Meetings Act 1987 or for one of the purposes in connection with its collection. The information supplied will be used for: assessing and processing this application, for administration purposes and updating Shared Services' records on behalf of Hamilton City Council, Waikato District Council or Waipa District Council to ensure all records are accurate. You have right to request access and correction of information collected.

SIGNATURE

- 1) I am duly authorised to make this application
- 2) I believe that all the information contained in this application is true and correct.

Full Name: _____

Position: _____

Signed: _____ Date: _____

The trade waste application fee must be received with the application form. Trade waste application will not be processed without payment of fees. Please return completed forms and fees to:

Trade Waste Officer
Trade Waste Shared Services
Private Bag 3010
Hamilton 3210

FOR OFFICE USE ONLY

Debtor Number: _____

Building Consent No.: _____

Environmental Health Referral: Yes / No _____

High Water User (> 15m³ per day) Yes / No _____

Council Meter Referral: Yes / No _____

Permitted/Controlled Conditional Tankered Individual Agreement