

Application For Trade Waste Discharge

Pursuant to Bylaws from the following councils:

Matamata Piako District Council Trade Waste Bylaw 2020

Hamilton City Council Trade Waste and Wastewater Bylaw 2016

Rotorua Lake Council Water Services and Trade Waste Bylaw 2017

South Waikato District Council Trade Waste Bylaw 2017

Taupo District Council Trade Waste Bylaw 2016

Waipa District Council Trade Waste Bylaw 2021

Waitomo District Council Trade Waste Bylaw 2016

Application Completed By: Consent holder Consultant Other: _____

SECTION A: GENERAL INFORMATION

A1: LOCATION AUTHORITY:



A2: COMPANY/PREMISE DETAILS:

Company Name: _____

Trade Name: _____

Consent Holders Name: _____

Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____

Postal Address: _____

_____ Post Code: _____

Physical Address: _____

_____ Post Code: _____

A3: THIS APPLICATION RELATES TO:

- Temporary Discharge
- Proposed New Discharge
- Renewal of a Consent
- Variation to existing consent; Nature of Variation:

A4: COUNCIL CONNECTIONS:

- Council Wastewater System Yes No
- Council Stormwater System Yes No
- Council Water Supply Yes No
- Other Source of Water Yes No

NOTE: If you answered NO to Wastewater System, then you may not require a trade waste consent to discharge

A5: DESCRIPTION OF MAIN TRADE ACTIVITY:

- Food Premises
- Hair & Beauty Services
- Service Station/Car & Truck Wash/Mechanics
- Laundromat/Dry Cleaners
- Tanker
- Other; Specify: _____

A6: DRAINAGE PLAN:

* Attach a copy of the drainage plan showing the following:

- Trade Waste & Domestic Drains
- Stormwater & Water Drains
- Process Areas
- Pre-Treatment Location
- Flow/Water Meter
- Sample Point

Describe Processes & Main Trade Activity: _____

SECTION B: 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: _____

SECTION C: OPERATION

C1: OPERATIONAL DAYS/DISCHARGE HOURS:

Days Operating: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours of Operation: _____

C2: TYPE OF DISCHARGE:

Intermittent Continuous Flow Batch Other: _____

C3: PROCESSES & 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. _____

Is the substances listed above banded, and stored away from drains Yes No

Is there a spill kit on site Yes No

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 D: REDUCING LIQUID AND SOLID WASTE

Business are responsible for taking initiative in recycling, and contributing to reduce solids from ending in the wastewater system, and landfills

D1: SOLID WASTE

Does the site recycle: Yes No

If YES, list recycled products, and processes to reduce waste ending at the landfills: _____

D2: LIQUID WASTE

Is there liquid waste taken off site: Yes No

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

Contractor: _____

Contact Phone Number: _____

Frequency of pick up: _____

SECTION E: PRE-TREATMENT

E1: PRE-TREATMENT DEVICE/S

Screens Grease Removal System Diversion System Amalga Separator Chemical/Biological Treatment Oil &

Grit Interceptor Balancing/Holding Tank Complex Filtration System pH Adjustment

Others: _____

E2: SPECIFICATION OF PRE-TREATMENTAttached specification of pre-treatment: Yes No

Type: _____

Make/Model: _____ Size (litres): _____

E3: PRE-TREATMENT SERVICING

Contractor: _____

Contract Phone Number: _____

Frequency of Servicing: _____

SECTION F: GENERAL CHARACTERISTICS OF TRADE WASTE**F1: MEETING THE TRADE WASTE BYLAW:**Does the discharge meet the Permitted Characteristics specified in of the bylaw: Yes No*If YES, check that you have all relevant attachments, and go to TRADE WASTE DECLARATION**If No, please refer to Processing an Application section of the relevant Trade Waste Bylaw.***F2: TRADE WASTE DISCHARGE VOLUME:**

Method of flow measurement:

 Council Supply Internal Water Supply Waste Flow Meter Other: _____

Meter ID number: _____

Estimated Discharge Volume (m³/day): _____Batch Discharge (m³): _____

Number of batches per day/week: _____

Is there a water loss factor: Yes No Specify water loss (%): _____

NOTE: Provide calculation for Water Loss

F3: PROPOSED CHARACTERISTICS LIMIT

<i>Eg: Total Suspended Solids (TSS)</i>	<i>2000 g/m³</i>	<i>Total Phosphorus</i>	<i>50 g/m³</i>

TRADE WASTE CHECK LIST

- Trade Waste Management plan
- Water loss calculation
- Copy of drainage plan
- Pre-Treatment Specification
- Material Safety Data Sheet
- Spill Response

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.

TRADE WASTE DECLARATION

PRIVACY

The information supplied in this application form will be held and used by Shared Services staff on behalf of Hamilton City Council, Matamata Piako District Council, Rotorua Lake Council, South Waikato District Council, Taupo District Council, Waipa District Council or Waitomo 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 each 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: _____

Please return completed forms to your nearest council building, or email tradewaste@hcc.govt.nz

An invoice for the Trade Waste Application Fee will be sent to you shortly. The Trade waste application will not be processed without payment of fees.

FOR OFFICE USE ONLY

Trade Waste Consent Number	Assigned To:	Application Received Date:
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Trade Waste Application Fee Received: Yes No

If Yes, receipt number: _____

Proposed Consent Type

Permitted Permitted Pre-Treatment Conditional Individual/Special Tanker