



**Postal Address**  
Private Bag 544  
Ngaruawahia 3742

Phone: 0800 492 452  
[www.waikatodistrict.govt.nz](http://www.waikatodistrict.govt.nz)

Email: [waters@waidc.govt.nz](mailto:waters@waidc.govt.nz)

## Application to connect to wastewater network

### Section 1: Applicant

<b>Name:</b> .....	<i>(Please print)</i>	<i>Please tick one for preferred method of communication</i>
<b>Postal Address:</b> .....		<input type="checkbox"/>
<b>Email Address:</b> .....		<input type="checkbox"/>
<b>Daytime Telephone No:</b> .....		<input type="checkbox"/>

### Section 2: Connection

<b>Property address:</b> .....
<b>Building Consent / Subdivision No:</b> .....
<b>Legal Description:</b> .....
<i>Please tick one</i>
<b>Standard Wastewater Connection</b> <input type="checkbox"/>
If Waikato District Council has approved your consent, the installation and connection to the wastewater system will need to be completed privately by owner/agent and Council will not install standard wastewater.
Before you proceed you must comply and understand your responsibility as the owner/agent, and you must have:
<ol style="list-style-type: none"> <li>1. Accompanied by building consent,</li> <li>2. Installation completed by a qualified drain layer or a contractor with a NZ Certificate in Infrastructure Works Level 4 wastewater as per approved consent/engineering plans,</li> <li>3. Method and timeframe to complete works,</li> <li>4. Installation completed to meet Regional Infrastructure Technical Specifications,</li> <li>5. Completed and returned Pre-network connection checklist.</li> </ol>
<b>Low-Pressure Wastewater Connection</b> <input type="checkbox"/>
Application for identified low-pressure wastewater connections must be accompanied by building consent, installation is to be completed by a qualified drain layer or a contractor with a NZ Certificate in Infrastructure Works Level 4 wastewater as per approved consent/engineering plans.
Council will install a boundary kit, ensuring a wastewater connection at the property boundary. All fees and charges associated with the connection must be paid within 20 working days from the invoice date. Otherwise, this application will lapse and be cancelled.
The property owner shall be responsible for all works within the property boundary, including:
<ol style="list-style-type: none"> <li>1. Installing an approved Low-Pressure Pump Station</li> <li>2. Decommissioning an existing septic tank, if applicable</li> </ol>

### Section 3: Checklist **Required Information**

Before you submit this application for processing, please make sure you have the following as it cannot be processed without it:

- Attach a site plan showing existing wastewater supply (if any) and proposed wastewater supply, indicating the location of the boundary kit.**
- Attach a copy of the pump station specifications, if applicable.**

### Section 5: Declaration

1. A fixed targeted rate charge will apply.
2. A development contribution or capital contribution will be payable prior to connection and can be viewed on [www.waikatodistrict.govt.nz](http://www.waikatodistrict.govt.nz) or contact the Council for more information.
3. An inspection must be called for as soon as the wastewater connection has been made, if not completed by Council.
4. The installation will be carried out, ensuring that all requirements/conditions per Waikato District Council consent, Wastewater and Trade Waste Bylaw 2016, and Regional Infrastructure Technical Specifications are met.
5. Works to be carried out by a qualified drain layer or contractor holding an NZ Certificate in Infrastructure Works Level 4 wastewater.
6. Please ensure as-built information is sent to [waters@waidc.govt.nz](mailto:waters@waidc.govt.nz) within 20 working days of being connected to the live network.
7. Connection to the wastewater reticulation signifies acceptance of the Council's bylaws and regulations.
8. I understand that plumbing works within my property, including the pump station, are my responsibility.
9. I declare that the information provided on this form is true and correct.

Signed by the OWNER or AGENT on behalf of and with the authority of the owner.

**Print Name:** ..... **Signature:** ..... **Date:** .....

Please return all documentation to:

**Email:** [waters@waidc.govt.nz](mailto:waters@waidc.govt.nz)

**Post:** Private bag 544, Ngaruawahia 3742, New Zealand

**In person:** 15 Galileo Street, Ngaruawahia

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#### OFFICE USE ONLY:

Application:                      **APPROVED**                        
   **NOT APPROVED**                     

**Signed:** ..... **Lodgement Date:** .....