Application for Trade Waste Discharge

Apply for a new consent, or to vary or renew an consent Pursuant to Waikato District Council Trade Waste and Wastewater Bylaw (2023) Please complete and return this form to

Post: Waikato District Council , Private Bag 544, Ngaruawahia 3742

Email: waik ato tradewaste@water.co.nz

Phone: 0800 492 452

Website: www.waikatodistrict.govt.n z

Important information

Please complete all sections in this form, attach the required documents and email or post it to the address above. For information about fees to process this application and to monitor compliance, please visit www.waikatodistrict.govt.nz.

1.	Application details													
	Full name (as registered with the New Zealand Companies Office)													
	'Trading as' name (if applicable)													
	New Zealand company registration number													
Street address of trade premises:														
Street	Street number Street name													
Postcod						le								
Postal address (required for billing purposes):														
	Street name or PO Box													
Postcode														
Person in company responsible for industrial wastewater (trade waste) discharge														
					Last name									
Position in company														
Email														
Phone	()			N	Nobile								



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2. What are you applying to do?

☐ Temporary Discharge – StartEnd	Council Wastewater Network:	Yes / No		
☐ Proposed New Discharge	Council Stormwater Network:	Yes / No Yes / No Yes / No		
☐ Renewal of a Consent Number	Council Water Supply:			
☐ Variation to an Existing Consent:	Other Source of Water:			
Nature of Variation: Consent Number	Specify:			
3. Site and process information - РІ	ease attach extra information if neces	sary		
Please describe your company's main process or produc	cts, please tick one option:			
☐ Food Premises	Describe Processes and Main Tr	ade Activity:		
☐ Process/Manufacturing				
☐ Healthcare				
☐ Hair & Beauty Services				
☐ Service Station/Car Wash				
☐ Laundromat/Dry Cleaners ☐				
Fanker				
☐ Leachate/Landfill Wastes				
☐ Leachate/Landfill Wastes Other; Specify:	s specified in Schedule 1A Waikato Distric	rt Council? Ves / No		
☐ Leachate/Landfill Wastes Other; Specify: Does the discharge meet the Permitted Characteristics If No, please refer to Section 8.3 – Processing an Applica	ation Waikato District Council and provide	e all the necessary		
Tanker ☐ Leachate/Landfill Wastes Other; Specify: ☐ Does the discharge meet the Permitted Characteristics If No, please refer to Section 8.3 — Processing an Application information to address all the items specified in these Section and Substances which are stored, used and/or genetal.). Attach Material Safety Data Sheets (MSDS) if necessions.	ation Waikato District Council and provide sections. Please attach the additional info	e all the necessary rmation with this application		



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Describe mitigation measures employed to prevent accide		ubstances from ente	ring the public sewer
or stormwater systems. Attach additional information if ne	cessary		
Continuous Discharge OR Batch	n Discharge		
List the maximum volume of trade waste discharged per 24 peak usage periods, for each discharge point (m /24hrs)	hours, m³ taken over	m³/24hrs	m³/24hrs
List the average volume of trade waste discharged per 24 ho extended periods of normal production, for each discharge		m³/24hrs	m³/24hrs
List the maximum instantaneous flow rate of trade waste di discharge point (litres per second)	scharged for each	L/sec	L/sec
List the batch discharge volume (m3)			m3
List the frequency of batch discharge (if applicable)			
Please give the company's operating			
days and hours:			
List the company's peak discharge periods (hours/months):			
List the regular/annual shutdown periods (hours/months):			
Proposed method of flow measurement:			

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

Permanent installation of Council-approved waste flow measuring equipment

Based on water usage as measured by a Council meter

Proposed Water Loss Factor:



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4. Risk Management

PROPOSED/EXISTING PRE-TREATMENT DEVICES

☐ Screens ☐ Grease Removal Syst	rem Flow Balance First-flush Diversion p	oH adjustment □ Amalgam Separator □
Chemical/Biological Treatment C	Dil and Grit Interceptor □ Balance/Holding Tar	nk ☐ Complex Filtration System
☐ Another Pre-treatment:		
Specify:		
SPECIFICATION OF PRE-TREATMEN	IT SYSTEM(S):	
☐ Attach specification of propose	d/existing pre-treatment device(s)	
Type:	Make/Model:	
Size:	(litres)	
PRE-TREATMENT SERVICING		
Contractor:		
Contact Phone Number:		
Frequency of Service:		
LIQUID WASTE REMOVAL FROM S	ITE	
List all Liquid Wastes(s) removed fr		
Contractor:		Contact
Phone Number:		
Frequency of Service:		
REDUCING LIQUID AND SOLID WA List all waste (liquid and solid wast	ASTE es) minimisation and cleaner production initi	atives that will be implemented in the
premise; Attach further informatio	n if necessary.	



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5. Checklist

Please note, this application will not Yes, I have:	be processed until all the i	nformation below is red	eceived.
☐ Provided material sa	ifety data sheets		
☐ Provided induction r	equirements, hazard regist	ers, PPE requires etc. fo	for staff to enter site \square
Completed and signed t	:his application form		
Waikato District Council Trade All Authorised Officers or Authorised	•		2002 allow the following: er any premise believed to be discharging
	=		tential discharge by: a) Taking readings
b) Carrying out site inspection aud		material or any combin	nation or mixture of such materials.
Authorisation 1. I am duly authorised to mak 2. I declare that the information Name		and correct.	
Position		Da	ate DD / MM / YYYY
		-	mprove our services. We will not disclose ask us to correct any errors. For office use
☐ Permitted/Controlled	☐ Conditional	☐ Tanker	☐ Individual Agreement
Environmental Health Referral	Yes / No		
High Water user (>15 m3 per day)	Yes / No		
Council Meter Referral	Yes / No		

