

# 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 2023

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-TREATMENT**Attached 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 (m<sup>3</sup>/day): \_\_\_\_\_Batch Discharge (m<sup>3</sup>): \_\_\_\_\_

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/m<sup>3</sup></i>	<i>Total Phosphorus</i>	<i>50 g/m<sup>3</sup></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 to [tradewaste@hcc.govt.nz](mailto:tradewaste@hcc.govt.nz)

If you have any queries regarding this application, please feel free to call us on **0800 357 358**.

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