

Application under the Trade Waste Bylaw of Whangarei District Council – Food premises

Details of business (trade waste producer)

Name of business: _____

Street address: _____

Postal address: _____

Phone number: _____

Nature of activity generating trade waste: _____

Name and address of applicant (if different from above)

Name: _____

Address: _____

Phone number: _____

Details of trade waste discharge

Type of application

 Proposed discharge Existing discharge with no consent Consent renewal

Consent number: _____

 Variation of existing discharge

Type of variation _____

Volume and rate of discharge

Daily volume (m³): _____ or meals per hour (peak) _____

Daily / seasonal discharge _____

Proposed method of flow measurement:

 Calibrated meter Manufacturer specification Other (please specify): _____

Office use

Date received _____ File no _____

Consent no _____ Issuing officer _____

Drainage layout

Does the system include a macerator/grinder unit? Yes No

Is there a pre-treatment system (e.g., grease trap or similar) Yes No

If yes, please specify (type, volume, frequency of clean-outs): _____

Number of toilet pans and urinals on site: _____

Diameter of sewer being discharged into: _____

Please include as-built plans or sketch of drainage layout

Additional information

Please include any supporting information you may have, i.e., material safety data sheets for chemicals, existing resource consents, evidence of pre-treatment maintenance, etc

Compliance statement

(to be completed by executive representative of registered company)

The discharge referred to in this application complies with all conditions of the Trade Waste Bylaw 2023. The discharge does not contain any substances which are specifically prohibited under Schedule 1B of the Trade Waste Bylaw 2023.

I understand that under Section 4.10 of this bylaw, failure to limit trade waste discharges to within the parameters specified in Whangarei District Council's Trade Waste Consent or Special Agreement issued under this bylaw can be reasonable grounds for cancellation of this consent

Signed

Name (please print)

Designation (please print)

Organisation (please print)

Dated this _____ day of _____ 202_____

Application checklist

All sections completed Yes No

Additional documents attached Yes No

Drainage plans / sketch attached Yes No

Application signed Yes No

Note: Application fee(s) apply.