

Application under the Trade Waste Bylaw of Whangarei District Council

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 _____

Nature of waste (if known)

Please note whether concentrations are: average or maximum values

Chemical Oxygen Demand (COD) – mg/L _____

Total Kjeldahl Nitrogen (TKN) – mg/L _____

Suspended Solids (SS) – mg/L _____

pH _____

Other parameters applicable to industry: _____

Volume and rate of discharge

Average daily volume (m³): _____

Daily / seasonal discharge _____

Maximum flow (L/sec) _____

Office use

Date received _____ File no _____

Consent no _____ Issuing officer _____

Proposed method of flow measurement:

- Calibrated meter (e.g. mains / internal supply) Manufacturer specification
- Other (*please specify*): _____

Additional information

Please include any supporting information you may have, i.e. existing certification relevant to industry, relevant management plans, chemicals used on site, etc. As-built plans (or sketch where appropriate) of the drainage system is required.

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
- Site plans / sketches attached Yes No
- Additional documents attached Yes No
- Application signed Yes No

Note: Application fee(s) apply.