

Application under the Trade Waste Bylaw of Whangarei District Council – Dentistry format

Details of business (trade waste producer)

Name of business:	
Street address:	
Postal address:	
Nature of activity generating trade waste:	
Name and address of applicant (if di	ifferent from above)
Name:	
Address:	
Details of trade waste discharge	
Type of application	
☐ Proposed discharge	☐ Existing discharge with no consent
☐ Consent renewal	Consent number:
\square Variation of existing discharge	
Type of variation	
Volume and rate of discharge	
Average daily volume (m³):	
Daily / seasonal discharge	
Maximum flow (L/sec)	
Proposed method of flow measurement	t
☐ Calibrated meter (e.g. mains / internal	supply) Manufacturer specification
☐ Other (please specify):	
Office use	
Date received	
Consent no	Issuing officer



Composition of discharge Is there a pre-treatment system (e.g. filter or similar) □ No If yes, please specify: Any other chemicals on site? Drainage layout Diameter of sewer being discharged into: Attach plan / sketch of the drainage layout for premises. Include details of: Any pre-treatment systems and management plans for their operation ii Reservoirs or impounding areas to which wastes could be diverted in an emergency Additional information Please include any supporting information you may have, i.e. material safety data sheets for chemicals, existing resource consents, relevant management plans, 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 202 day of Application checklist ☐ Yes ☐ No All sections completed ☐ Yes □ No Analysis attached ☐ Yes □ No Drainage plan / sketch attached ☐ No Application signed ☐ Yes Note: Application fee(s) apply.