

# Application For Trade Waste Discharge

Pursuant to Hamilton City Council Trade Waste and Wastewater Bylaw (2016), Waikato District Council Trade Waste and Wastewater Bylaw (2016), and Waipa District Council Trade Waste (2011)

For Office Use Only:

Trade Waste Consent Number:

Assigned To:

Application Received Date:

## SECTION A: GENERAL INFORMATION

### A1: LOCAL AUTHORITY:

Hamilton City Council

Waikato District Council

Waipa District Council

### A2: COMPANY/PREMISE DETAILS

Legal Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Occupier/Discharger: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### A3: THIS APPLICATION RELATES TO

- Temporary Discharge
- Proposed New Discharge
- Renewal of a Consent
- Variation to an Existing Consent:

Nature of Variation: \_\_\_\_\_

### COUNCIL CONNECTIONS:

Council Wastewater Network: Yes / No

Council Stormwater Network: Yes / No

Council Water Supply: Yes / No

Other Source of Water: Yes / No

Specify: \_\_\_\_\_

### A4: DESCRIPTION OF MAIN TRADE ACTIVITY

- Food Premises
- Process/Manufacturing
- Healthcare
- Hair & Beauty Services
- Service Station/Car Wash
- Laundromat/Dry Cleaners
- Tanker
- Leachate/Landfill Wastes
- Other; Specify: \_\_\_\_\_

### Describe Processes and Main Trade Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Attach site drainage plans showing process areas, trade waste drains, domestic wastewater drains, stormwater drains, pre-treatment device location, flow measuring devices, sampling point and water meter (s).**

**SECTION B: NATURE OF THE TRADE WASTE**

**B1: GENERAL CHARACTERISTICS OF TRADE WASTE**

Does the discharge meet the Permitted Characteristics specified in Schedule 1A (Hamilton City Council & Waikato District Council) or Schedule 1 (Waipa District Council) of the Bylaw? Yes / No

*If No, please refer to Section 8.3 – Processing an Application (Hamilton City Council & Waikato District Council) and Section 3.4 – Matters for Consideration of an Application (Waipa District Council) and provide all the necessary information to address all the items specified in these Sections. Please attach the additional information with this application.*

**B2: OPERATIONAL DAYS/DISCHARGE HOURS**

Days Operating:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours of Operation: \_\_\_\_\_

**B3: TRADE WASTE DISCHARGE VOLUME**

Continuous Discharge                      OR                       Batch Discharge

Maximum Daily Discharge Volume (m<sup>3</sup>/day): \_\_\_\_\_

Maximum Instantaneous Flow Rate (litres/second): \_\_\_\_\_

Batch Discharge Volume (m<sup>3</sup>): \_\_\_\_\_

Frequency of Batch Discharge (if applicable): \_\_\_\_\_

**B4: TRADE WASTE DISCHARGE VOLUME FLOW MEASUREMENT**

Proposed method of flow measurement:

- Permanent installation of Council-approved waste flow measuring equipment
- Based on water usage as measured by a Council meter

Proposed Water Loss Factor: \_\_\_\_\_

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

**B5: PROCESS AND 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.

---

---

---

---

---

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 C: PRE-TREATMENT SYSTEMS**

**C1: PROPOSED/EXISTING PRE-TREATMENT DEVICES**

- Screens  Grease Removal System  Flow Balance  First-flush Diversion  pH adjustment  Amalgam Separator
- Chemical/Biological Treatment  Oil and Grit Interceptor  Balance/Holding Tank  Complex Filtration System
- Other Pre-treatment:

Specify: \_\_\_\_\_

**C2: SPECIFICATION OF PRE-TREATMENT SYSTEM(S):**

- Attach specification of proposed/existing pre-treatment device(s)

Type: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Size: \_\_\_\_\_ (litres)

**C3: PRE-TREATMENT SERVICING**

Contractor: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Frequency of Service: \_\_\_\_\_

**SECTION D: LIQUID WASTE REMOVAL FROM SITE**

List all Liquid Waste(s) removed from site: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Frequency: \_\_\_\_\_

**SECTION E: REDUCING LIQUID AND SOLID WASTE**

List all waste (liquid and solid wastes) minimisation and cleaner production initiatives that will be implemented in the premise; Attach further information if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION F: 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

**PRIVACY**

The information supplied in this application form will be held and used by Shared Services staff on behalf of Hamilton City Council, Waikato District Council or Waipa 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 Hamilton City Council, Waikato District Council or Waipa District 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: \_\_\_\_\_

The trade waste application fee must be received with the application form. Trade waste application will not be processed without payment of fees. Please return completed forms and fees to:

Trade Waste Officer  
Trade Waste Shared Services  
Private Bag 3010  
Hamilton 3210

**FOR OFFICE USE ONLY**

Debtor Number: \_\_\_\_\_

Building Consent No.: \_\_\_\_\_

Environmental Health Referral: Yes / No \_\_\_\_\_

High Water User (> 15m<sup>3</sup> per day) Yes / No \_\_\_\_\_

Council Meter Referral: Yes / No \_\_\_\_\_

Permitted/Controlled       Conditional       Tankered       Individual Agreement