



# WAIROA DISTRICT COUNCIL

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Coronation Square, Queen Street, Wairoa

## APPLICATION FOR TRADE WASTE DISCHARGE TO SEWER

This application is for a permit to discharge trade waste into the Council's wastewater system, complying with Part 8 - Wastewater and Part 9 - Trade Waste of the Consolidated Bylaw 2022.

If you are unsure whether you have to apply for a permit or not, contact our Trade Waste Officer on (06) 838 7309 who can help you identify sources of Trade Waste and the correct pre-treatment.

After your application has been assessed our Trade Waste Officer will contact you to arrange a site visit. Following this, and if Council agrees to accept your trade waste, you may be required to take any or all of the following steps (this varies from site to site):

- Install appropriate, or make changes to, existing pre-treatment equipment;
- Enter into maintenance and service contracts for your pre-treatment equipment;
- Commence a programme of monitoring of your Trade Waste discharge.

**Please answer all questions fully.**

### Applicant Details

Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Company Details

Trade Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Customer Number \_\_\_\_\_  
Legal Description  
(e.g. Lot and DP No.) \_\_\_\_\_

### Correspondence Details (if you are acting on behalf of the Applicant, e.g. agent)

Full Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Discharge Details

This application relates to *(please tick)*

- |   |  |
|---|--|
| <input type="checkbox"/> Proposed New Discharge | <input type="checkbox"/> Tanker Discharge  |
| <input type="checkbox"/> Renewal of a Permit    | <input type="checkbox"/> Variation to an Existing Permit <i>(please specify)</i> |
- \_\_\_\_\_
- \_\_\_\_\_

Which of the following connections are at the premises *(please tick)*

- |   |  |
|---|--|
| <input type="checkbox"/> Council Wastewater Network | <input type="checkbox"/> Council Stormwater Network                    |
| <input type="checkbox"/> Council Water Supply       | <input type="checkbox"/> Other source of water <i>(please specify)</i> |
- \_\_\_\_\_
- \_\_\_\_\_

Main trade activity *(please tick)*

- |  |  |
|--|--|
| <input type="checkbox"/> Food Premises                 | <input type="checkbox"/> Process/Manufacturing               |
| <input type="checkbox"/> Healthcare                    | <input type="checkbox"/> Hair & Beauty Services              |
| <input type="checkbox"/> Veterinary Clinic             | <input type="checkbox"/> Laundromat/Dry Cleaners             |
| <input type="checkbox"/> Tanker                        | <input type="checkbox"/> Leachate/Landfill Wastes            |
| <input type="checkbox"/> Commercial Swimming Pool      | <input type="checkbox"/> Printer                             |
| <input type="checkbox"/> School/Educational Facility   | <input type="checkbox"/> Service Station/Mechanical Workshop |
| <input type="checkbox"/> Other <i>(please specify)</i> |  |
- \_\_\_\_\_

Please describe processes and main trade activity:

Is there any existing pre-treatment at the premises *(e.g. grease trap or oil & grit interceptor)*?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes, please provide details about the pre-treatment *(type, size, frequency of maintenance etc.)*:

Please provide details about any stormwater control measures *(e.g. bunding, first foul flush diverter, stormwater swale, stormwater detention and treatment, etc.)*:

## Application & Declaration

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

*I hereby request a permit to discharge Trade Waste to the sewers complying with Part 8 - Wastewater and Part 9 - Trade Waste of the Consolidated Bylaw 2022 and I certify that to the best of my knowledge and belief the information given in this application is complete and accurate.*

Signed by (or as authorised Agent of) the Applicant \_\_\_\_\_

Full name of person lodging this form \_\_\_\_\_

Date \_\_\_\_\_

### WDC Office Use Only

Application Number \_\_\_\_\_

Application Received On \_\_\_\_\_

By \_\_\_\_\_

Discharge Approved

Yes

No

Full Name of WDC Officer \_\_\_\_\_

Date \_\_\_\_\_

Site Visit Date \_\_\_\_\_

### Tanker Discharge Approved

Discharge Location \_\_\_\_\_

Date and Time \_\_\_\_\_

### Tanker Discharge Not Approved

Where Referred To \_\_\_\_\_

### Application Fee

Subtotal \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Cashier Receipt \_\_\_\_\_

File Number \_\_\_\_\_