



WAIROA DISTRICT COUNCIL

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PO Box 54, Wairoa 4160, Hawke's Bay
Coronation Square, Queen Street, Wairoa

APPLICATION FOR CONSENT TO DISCHARGE TRADE WASTE TO THE SEWER

Application for consent to discharge trade waste into the wastewater system, complying with the Trade Waste & Wastewater Bylaw 2012.

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

After your application has been assessed our Trade Waste Officer will contact you to arrange a site visit. Following this, 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 _____

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"/> Temporary Discharge |
| <input type="checkbox"/> Renewal of a Consent | <input type="checkbox"/> Variation to an Existing Consent <i>(please specify)</i> |
-
-

Please tick which of the following connections are at the premises.

- | | |
|-----------------------------------------------------|------------------------------------------------------------------------|
| <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 (e.g. grease trap or oil & grit interceptor) at the premises?

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

If Yes, please provide details about the pre-treatment (type, size, frequency of maintenance 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 consent to discharge Trade Waste to the sewers in keeping with the terms of the Trade Waste & Wastewater Bylaw 2012 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 received on

Site Visit Booked on

Site Visit Undertaken on
