

Application for Trade Waste Discharge

PLEASE PRINT CLEARLY

NOTE: If a premises produces trade waste from multiple areas, a separate copy of the form should be completed for each area.

TRADE NAME AND PHYSICAL ADDRESS OF TRADE PREMISES

Contact person			
Phone		Fax:	
Email			
After hours contact (if different from above)			
Phone		Fax:	
Email			
POSTAL ADDRESS FOR TRADE PREMISES (IF DIFFERENT FROM ABOVE)			

OWNER OF PREMISES (IF DIFFERENT FROM ABOVE)	
TERM OF CONSENT SOUGHT (UP TO 5 YEARS)	

ADDRESS OF SERVICE FOR FURTHER ENQUIRIES CONCERNING THIS APPLICATION

THIS APPLICATION RELATES TO (PLEASE SELECT)	
Proposed new discharge <input type="checkbox"/>	Renewal of a consent <input type="checkbox"/>
Existing discharge for which no consent exists <input type="checkbox"/>	Variation to an existing consent <input type="checkbox"/>

PROPERTY INFORMATION	
Valuation number(s)	
Lot number(s)	
DP number(s)	
Water billing number(s)	

ARE THE PREMISES ALREADY CONNECTED TO THE PUBLIC SEWER?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
DESCRIPTION OF TRADE ACTIVITY					
DESCRIPTION OF THE TRADE WASTE					
Average daily volume m ³					
Maximum daily volume m ³					
Maximum instantaneous flow l/s					
Temperature of waste (range)					
BOD ₅ of waste (mg/l range)					
Suspended solids of waste (mg/l range)					
pH (range)					
Other contaminants					
PROCESS WATER SOURCE		SOUTHLAND DISTRICT COUNCIL		OTHER	
		m ³		m ³	
Waste contain condensing water		Yes		No	
Trade and domestic waste to same discharge		Yes		No	
Flow meter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other			
SDC water use	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SUBSTANCES CONTAINED IN APPENDIX A AND B OF BYLAW PRODUCED/STORED ON PREMISES					
MITIGATION MEASURES TO PREVENT ACCIDENTAL SPILLS ENTERING THE SEWER OR STORMWATER SYSTEM					

SITE PLANS - ATTACH SITE PLANS WHICH CLEARLY IDENTIFY THE LOCATION OF THE FOLLOWING (TICK THAT APPLY)			
Process area	<input type="checkbox"/>	Flow measuring device	<input type="checkbox"/>
Stormwater drains	<input type="checkbox"/>	Domestic drains	<input type="checkbox"/>
Screens	<input type="checkbox"/>	Areas falling to drains	<input type="checkbox"/>
Chemical treatment	<input type="checkbox"/>	pH control	<input type="checkbox"/>
		Biological treatment	<input type="checkbox"/>
Other			
Independent site audit carried out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Discharge management plan attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
HEALTH AND SAFETY REQUIREMENTS FOR SDC STAFF ENTERING PREMISES			
TYPE OF PRODUCT PROCESSED			
DESCRIPTION OF THE PROCESS/ES THAT GENERATE TRADE WASTE			
CHARACTERISTICS OF TRADE WASTE LIKELY TO EXCEED SCHEDULES IN APPENDIX A AND B			
STEPS TAKEN/TO BE TAKEN TO IMPROVE TRADE PROCESS AS A STRATEGY FOR CLEANER PRODUCTION			
SCHEDULED DATE FOR IMPROVEMENTS			

SIGNATURE BLOCK	
Full name	
Position	
I am duly authorised to make this application and believe that all the information contained in the application is true and correct	
Signature	
Date	

FOR OFFICE USE ONLY	
Application number	
Date application received	
Application received and checked by	
Permitted <input type="checkbox"/>	Conditional <input type="checkbox"/>
Temporary <input type="checkbox"/>	Prohibited <input type="checkbox"/>
Trade waste consent approval date	
Trade waste consent approved by	
Trade waste consent number	
Trade waste consent expiry date	

APPLICATION FEE	
Fee	\$
GST	\$
Total	\$
Cash receipt	
File number	