

6 July 2017

Selwyn District Council
C/GHD Limited
Po Box 13-468
CHRISTCHURCH 8141

Attn: Amy Callaghan

Dear Amy

REQUEST FOR FURTHER INFORMATION AND AFFECTED PARTY APPROVAL

I have reviewed the Notice of Requirement D180057 to designate the site at 606 Springs Road for a wastewater pump station. More information is needed so that I can better understand your proposal and its potential effects.

Further Information

In accordance with section 92 of the Resource Management Act 1991 I request the following information:

1. The assessment of effects in the Notice is based on detailed information about the design of the proposed pump station. However, I understand that the Council do not want conditions attached to the designation limiting it to the activity described in the notice. Please provide an amended notice with a description of the proposed work, and an amended assessment of effects, based on a designation with no conditions attached.
2. Please provide information to demonstrate whether the pump station and emergency power generator will comply with rules 7.51 and 7.28 of the Canterbury Regional Air Plan.

Donovan Van Kekam has reviewed the proposal and requested the following information to assist in assessing the odour effects of the proposed pump station:
3. Please provide detailed specifications of the proposed odour treatment plant.
4. Please provide justification that the treatment plant is correctly sized for the anticipated volume and concentration of odorous air. This may include; estimates of the peak volume/concentration of odorous air which is proposed to be treated, expected variation in air treatment volumes over time, the likely concentrations of H₂S and efficiency ratings of the treatment plant under peak emission scenarios. Alternatively or in addition to the above, the applicant may wish to provide evidence to support that the same system is effective at controlling odour/H₂S concentrations at a similar comparable operation.
5. Where there is anticipated breakthrough of odour or H₂S from the system, please provide conservatively estimated peak concentrations at the point of discharge and likely residual effects at the nearest neighbouring residential properties. This may be presented in a simplified Frequency, Intensity, Duration, Offensiveness and Location (FIDOL) assessment or alternate assessment methodology dependant on the scale or risk of potential off-site effects.

6. Please provide the proposed routine maintenance procedures in accordance with the manufacturers recommendations. Is any monitoring of potential activated carbon saturation levels proposed? What is the procedure for any system breakdowns/failures?

You must respond in writing to this request before 27 July 18 and do one of the following:

- a) Provide the information.
- b) Tell us that you agree to provide the information, but propose an alternative reasonable date.
- c) Tell us that you refuse to provide the information.

Please note that if you fail to respond in some way before 27 July we are obliged to publicly notify your application. This will result in increased costs to you.

It is important that you respond to this request, otherwise your application can be declined for a lack of information. We may also decline your application if you refuse to provide the information.

Please use the attached form to respond to this information request. If you prefer you can email your response to planninginfo@selwyn.govt.nz.

I have put processing of your application on hold until we receive your complete response. Please contact me if you have any questions.

Yours faithfully

A handwritten signature in cursive script, appearing to read 'L Steele'.

Lisa Steele
Consultant Planner



Selwyn District Council
PO Box 90
Rolleston

Attn Lisa Steele

In response to the Council's request for further information dated **DATE** and relating to application **XX**:

Please tick your response.

- ☐ the information requested is attached
- ☐ I'm unable to provide the information by **DATE**, but could send it to you by

- ☐ I refuse to provide the information.

Signature of applicant or authorised agent: _____

Name: _____ Date: _____
Please print full name of person who signed above.