

Application for *temporary* Trade Waste Discharge

SELWYN DISTRICT COUNCIL TRADE WASTE BYLAW 2016

1. APPLICANT DETAILS

FULL NAME: _____

COMPANY: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

(These contact details will be used for all correspondence during the application process)

APPLICANT RESPONSIBLE FOR LIQUID WASTE:

- ☐ TRANSPORTATION,
☐ GENERATION
☐ LICENSED TRANSPORTER

2. DESCRIPTION OF PREMISES (If applicable)

Postal name: _____

Address: _____

Contact details for premises enquiries	
NAME	
DESIGNATION	
PHONE	
MOBILE	
EMAIL	
ADDRESS	

3. DESCRIPTION OF WASTES

APPLICATION SOUGHT FOR:

- ☐ ONE DISCHARGE
☐ A NUMBER OF DISCHARGES OF THE SAME KIND OF LIQUID WASTE, UP TO A PERIOD OF ONE YEAR

PROPOSED POINT OF DISPOSAL: _____

IF FROM PREMISES TO PUBLIC SEWER, PLEASE INFORM CURRENT CONSENT NUMBER:

PROPOSED TIMING OF DISPOSAL: _____ DATE: _____

LIQUID WASTE	
Process in which waste was produced	
Source of waste	
Average Daily Volume (M ³)	
Maximum volume in any 8 hr period (M ³)	
Maximum Daily volume (M ³)	
Maximum flow (L/S)	

General characteristics	
Temperature (°C)	
BOD ₅ (MG/L)	
COD (MG/L)	
Suspended solids (MG/L)	
Inert suspended solids (MG/L)	
Volatile suspended solids (MG/L)	
Total Nitrogen (MG/L)	
Total Phosphorus (MG/L)	
PH	
Fats, oil and greases (MG/L)	

ANALYSIS (CHECK WITH SELWYN DISTRICT COUNCIL WHETHER THIS IS REQUIRED AT PRE-APPLICATION STAGE)

- ☐ ATTACHED
☐ NOT REQUIRED

4. APPLICANT'S DECLARATION

- ☐ I AM DULY AUTHORISED TO MAKE THIS APPLICATION
☐ I BELIEVE THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE _____ **DATE** _____