## FORM B: DISCHARGE OF LIQUID WASTE



Resource use activities must meet all the conditions of any relevant Permitted Activity Rules in the Waikato Regional Plan or a resource consent from the Waikato Regional Council is required. This form will help you apply for a resource consent.

- You must fully complete this activity form and supply all the required information. Provide
  as much detail as you can where the questions are relevant to your activity. We request that,
  where possible, you provide electronic copies of any supporting information (for example, on
  CD). Doing so may reduce administrative costs charged to you.
- You must also supply completed Forms A and C.
- · You must pay the required initial deposit when you submit this consent application.
- Failure to provide the required information and payment will delay the processing of your
  application. If you do not provide adequate information then we will not be able to process
  your application, and will return it to you. If you do not pay the required fees, we may stop
  processing your application until payment is received.

FOR OFFIC	E USE ONLY
File:	
Client ID:	
Project:	

If you need any further help, please phone our Resource Use staff on 0800 800 402.

### **LOCATION**

1.	What is the name of the nearest waterbody to the activity? (if the waterway is a drain or an unnamed stream, then what is the name of the stream, river, lake or wetland that it flows into)
2.	If known, please supply relevant map coordinates of the activity or activities, preferably as New Zealand Transverse Mercator 2000 (NZTM2000 references). These locations must also be clearly identified on the location map you have supplied with Form A

## **TYPE OF RESOURCE CONSENT SOUGHT**

3. The resource consents sought relate to the following activities.

Please tick	Previous consent number
O Discharge to water	
O Discharge into the ground	
O Discharge onto land	

Note: Separate application forms are available for stormwater discharge, farm dairy discharge, piggery discharge, quarry discharges, and discharge of solid waste.

N.	ATURE OF THE PROPOSAL
1	What do the resource consents sought apply to? (Please tick.)
7.	Geothermal water.
	Factory farm water containing animal waste.
	Water from an industrial or trade process.
	Water containing human waste.
	Other (please specify):
	Other (please speerly).
5.	Please provide a brief description of the nature of the proposal including a description of the liquid to be discharged (such as whey from dairy factory, wash water from winery) and the environment the liquid is discharged into or onto (such as small stream, grazed pasture).
DE	SCRIPTION OF DISCHARGE LIQUID
6.	Volume of liquid to be discharged per day
7.	Rate of liquid discharge per day (litres per second)
	Describe how the values and rate of discharge has been salgulated (attach salgulations used)
0.	Describe how the volume and rate of discharge has been calculated (attach calculations used).
9.	Describe fully the source of the liquid. (For example if washwater, describe the facilities that are washed, if industrial process water, describe the processes using the water).

Is the liquid li	ikely to contain oil, diesel or similar contaminants? Please descri	be.
Please describ	be any hazardous substances likely to be associated with the disc	charge.
Describe the	colour and clarity of the liquid.	
Is there an od	lour associated with the liquid? Please describe.	
-	s wastewater, what treatment does it receive prior to discharge?	(Please describe fully and atta
a diagram of t	the treatment facility/process.)	
	d waste is generated as part of the treatment, please state what nsent may be required for the discharge of sludge.)	happens to this sludge. (Note:

## DESCRIPTION OF DISCHARGE ENVIRONMENT

Complete the appropriate section below (A: discharge to water, or B: discharge to land/into ground).

A: DISCHARGE TO WATER
17. Is the discharge point in a coastal marine area?
○ Yes ○ No
18. Name of stream/lake/river/coastal area (if the waterway is an unnamed tributary then what is the name of th stream/river it flows into?)
19. Describe the dimensions, volume, rate of flow (as appropriate) of the stream/lake/river/coastal area, as it would appear in summer conditions.
20. Describe the nature of the catchment and surrounding land uses.
21. Please describe the current nature of the waterway at the proposed site for the works.
Water colour/clarity
Flow
Bed material (for example rocky, silty)
Bank material
Vegetation
Erosion
Fish/Invertebrate life
Other
22. Describe the uses of the water body in the vicinity of the discharge (for example water abstractions, recreational use, other discharges):

24. What measures will be put in place at the discharge point to prevent erosion?  85: DISCHARGE ONTO LAND OR INTO THE GROUND  15. Describe the surrounding land uses/landscape (for example farming, residential, forestry).  16. Describe the topography, ground cover, and general land stability of the discharge area.
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7. Describe the soil type of the discharge area.
8. Is the discharge area used for any other purpose (such as cropping, grazing)? Please describe.
9. Is any part of the discharge area prone to water logging or flooding?
Please describe how often and to what extent

O. Are there any nearby houses, public facilities (such as school, hall, shop), streams, lakes or other significant features? How close is the discharge area to these features?
Are there any bores within 1000 metres of the discharge area?
○ Yes ○ No
yes, please show bore locations on a sketch map and indicate the distances between the bores and the discharge area.
2. What is the depth of the ground water table in winter? (m)
ONTO LAND
3. What is the method of disposal? (such as tanker, spray irrigator, seepage)
4. What is the total land area that the discharge will occur over? (m/ha)
4. What is the total faild area that the discharge will occur over:
5. How often is the discharge area changed? (For example rotation period)
6. What area of land is discharged to each day? (m2/ha)
7. How often do you discharge?
8. What is the rest period between discharges?

## IF ONTO GROUND

At what dept	th below ground does the discharge occur?	(m)
What is the t	total length and area of the soakage field?	(length in m)
		(area in m²)
		\aica iii iii <i>j</i>
How is the li	quid delivered to the soakage field? (For example gravi	ty feed, pump dosed, drip fed or other.
What is the p	peak loading rate over the soakage field?	(mm/day)
S the whole  Yes	area dosed equally?  No	
) 103		
	(plain	
If no, please ex		

## ASSESSMENT OF EFFECTS ON THE ENVIRONMENT

Complete the appropriate section below (A: discharge to water, or B: discharge to land/into ground).
A: DISCHARGE TO WATER
45. Is there a noticeable change in colour/clarity of the receiving water as a result of the discharge? Please describe.
46. How will the discharge change the existing water quality of the water body (for example in terms of dissolved oxygen, biochemical oxygen demand, suspended solids, nutrients, micro-organisms, toxicity) and state how this has been determined.
47. How may the discharge affect plant/animal life of the receiving water?
48. How may the discharge affect the flow/water levels in the water body?
49. Are there (or will there be) any erosion/bank stability effects? Describe these effects and describe how you propose to avoid or remedy these effects.
50. Describe any other effects caused by the discharge (such as effects on amenity values, recreation).

# 51. What effect will the discharge have on the receiving environment? 52. Are there likely to be other environmental effects of the wastewater treatment and disposal system? (For example, odour, visual effects, effects on nearby surface water). MAINTENANCE, MONITORING AND MITIGATION 53. Describe routine maintenance and inspections that will be carried out concerning the discharge system and any associated waste treatment facilities. 54. How will the treatment and disposal system be managed to ensure maximum treatment efficiency?

**B: DISCHARGE ONTO LAND OR INTO THE GROUND** 

Yes	○ No	
If yes, please ou	tline the programme (such as what measured, where, how often).	
	res/methods (other than treatment) have been adopted/put in place to minimise:	
	res/methods (other than treatment) have been adopted/put in place to minimise: waste discharged?	
• the volume of		
• the volume of	waste discharged?	
the volume of     contaminant I	waste discharged?	
the volume of     contaminant I	waste discharged?  Dading of the waste discharged?	
• the volume of  • contaminant I  Have alternation  Yes	waste discharged?  Dading of the waste discharged?  The waste discharged been considered?  No	
• the volume of  • contaminant I  Have alternation Yes	waste discharged?  Dading of the waste discharged?  The waste discharged been considered?  No	
• the volume of  • contaminant I  Have alternation Yes	waste discharged?  Dading of the waste discharged?  The waste discharged been considered?  No	
the volume of     contaminant I  Have alternation	waste discharged?  Dading of the waste discharged?  The waste discharged been considered?  No	
• the volume of  • contaminant I  Have alternation Yes	waste discharged?  Dading of the waste discharged?  The waste discharged been considered?  No	

## **CONSULTATION**

Identify and consult with any parties that may be potentially affected by or interested in your activity. This generally involves your immediate neighbours. It may also include local authorities, iwi and interest groups such as local recreational and care groups. If you are in doubt about who you should be talking to, then call Waikato Regional Council staff.

Make sure you provide everyone with sufficient information that they can fully understand what it is you want to do and how they may be affected by it. This could include a copy of this application form once it is completed and and/or any plans or maps. Make sure you make yourself available to explain the application, answer any questions and discuss options for resolving any concerns.

## 58. Identify the parties that may be affected by or interested in your discharge activity and consent application

Party details/relationship (such as neighbour, local iwi, interest group)				
Contact person				
Postal address				
Phone number/s	Home:	Business:		
	Mobile:	Fax:		
Party details/relationship				
(such as neighbour, local iwi, interest group)				
Contact person				
Postal address	stal address			
Phone number/s	Home:	Business:		
	Mobile:	Fax:		
Party details/relationship				
(such as neighbour, local iwi,				
interest group)				
Contact person				
Postal address				
Phone number/s	Home:	Business:		
	Mobile:	Fax:		

Oth	ner affected or interested parties
Pro	ovide details of your consultation
Pro	vide details about the consultation you have undertaken, or explain why consultation was not considered necessary. If possible
	should provide written comment or approval from those you have identified. A consultation form is provided at the end of this
forr	m that will help you with this. Photocopy off a separate form for each party identified. Otherwise, make sure you let us know:
• \	who you consulted with
	how we can contact these people
	their relationship to you (for example, neighbour, local iwi, interest group)
• 6	any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.
ΑL	CHECKLIST
на <sup>,</sup>	ve you? (please tick)  Filled in all parts of this form (Form B) that are relevant to your activity, provided all the information required, and completed
<b>→</b>	and attached any other related activity forms.
$\mathcal{C}$	Completed and attached Forms A and C.
$\bigcirc$	Applied for any district council consents that are also required for your proposal.
$\bigcirc$	Consulted with all interested and affected parties, and included their comments and/or written approval (if possible).
$\overline{}$	Included or paid the required deposit fee for this application.

## **CONSULTATION FORM**

## PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED

Applicant						
Description of proposal						
Person/group consulted in regard to this proposal						
Name of contact person						
Name of group						
Street address						
Email address						
Contact number/s	phone:		fax:			
affected? How would you like the proposal that you would li	the applicant's proposal to ke the Waikato Regional Co riews of consulted par posal can be modified to ta	be modified to take account ouncil to consider in making ties (to be completed by ake account of the views of the	sider the following: How do you consider you will be of your views? What other comments do you have on a decision on these resource consent applications?  Tapplicant)  The party you have consulted with (or why the			
Consulted party's response to the proposal (to be completed by person/group consulted)  I/We give my/our approval for the proposal  I/We are not affected by this proposal  Date						
Signed		Date				