**Trade Waste Bylaw 2015**

# Application for Temporary Discharge Appendix C

## Trade name and street address of trade premises

Name:

Company:

Address:

Email:

Telephone (day): Mobile:

Telephone (after hours): Fax:

## Applicant responsible for liquid waste

 Transportation  Generation  Licensed transporter

## Generator/Transporter of Liquid Waste

Name:

Company:

Address:

Email:

Telephone (day): Mobile:

Telephone (after hours): Fax:

6-8 Brougham Street,

PO Box 21, Westport 7866

Phone 03 788 9111

Email info@bdc.govt.nz

[**www.bullerdc.govt.nz**](http://www.bullerdc.govt.nz/)

## Applicant sought for

 One discharge  A number of discharges of the same kind of liquid waste

## Proposed point of disposal

**Proposed timing of disposal/s**

Time: am/pm Date:

## Liquid waste

Quantity: m³

Source:

Process in which waste was produced:

General Characteristics

cBOD5 g/ m³

COD: g/ m³

Suspended Solids: g/ m³

pH

Oil and Grease: g/ m³

Enterococci: Cfu/100ml

List any characteristics which are likely to be greater than 50% of concentrations stipulated in Schedule 1A of the Trade Waste Bylaw:

**Analysis** (Check with GDC whether this is required)  Appended  Not required

## Declaration

We hereby certify that the above liquid waste is accurately described Applicant:

Transporter / Generator:

# FOR OFFICE USE ONLY

Application Number: Application: Received by:

Date:

## Discharge:

By: Date:

## Approved Not Approved

**Temporary Discharge**

If approved:

Where discharged:

Time and date:

If not approved:

Where referred to:

## Temporary Discharge Fee

Amount: $ GST: $

Total: $

Cashier Receipt: File No: