

# APPLICATION FOR RESOURCE CONSENT

## FORM B: ONSITE DISCHARGE OF TREATED EFFLUENT



### NOTES

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 OFFICE USE ONLY

File:

Client ID:

Project:

**If you need any further help,  
please phone our Resource  
Use staff on 0800 800 401.**

### TYPES OF RESOURCE CONSENT SOUGHT

#### 1. The resource consents sought relate to the following activities

Please tick		Previous consent number
<input type="radio"/>	Discharge of treated effluent into the ground	
<input type="radio"/>	Discharge of treated effluent onto land	

### SITE AND LOCATION CHARACTERISTICS

#### 2. 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)

#### 3. 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

**4. Describe the surrounding land uses/landscape (such as farming, residential, forestry)**

**5. Describe the topography, ground cover, and general land stability of the property (including a description of any previous fill in the vicinity of the proposed soakage field)**

**6. What is the annual rainfall in the vicinity of the property?**

**7. What is the prevailing wind direction?**

**8. Are there any nearby houses, public facilities (such as school, hall, shop), streams or other significant features? How far from these is the disposal field site?**

**9. Are there any bores within 1000 m of the disposal area?**

☐ Yes ☐ No

(if yes, please show bore locations on a sketch map and indicate the distances between the bores and the disposal area)

**10. Total area of section**

**11. Area available for effluent disposal**

## DESCRIPTION OF FACILITIES AND WASTEWATER

**12. Describe the type of facility(ies) contributing waste (such as private house, motor camp, clubhouse, industry)**

**13. What is the maximum number of people using the facilities?**

**14. What is the maximum volume of effluent to be discharged?**

 m<sup>3</sup> per day

Please state how this volume of waste was calculated.

**15. What is the maximum rate of discharge**

 litres per second

**16. If the number of people using the facilities varies significantly during the year, please describe this fully.**

**17. If the dwelling is not a private house, please indicate the number and type of facilities (such as showers, kitchen, waste disposer, laundry).**

**18. If the wastewater contains something other than normal household waste, please describe the waste.**

## DESCRIPTION OF SEWAGE TREATMENT SYSTEM

### 19. Describe the sewage treatment system including:

- the number and size of septic tanks
- the type of septic tanks (such as single/double chamber, digestive tank)
- description of special features (such as filters, aeration)

### 20. What is the design retention time of the treatment system?

days

### 21. If a package plant (such as sequencing batch reactor) please describe the proposed system and treatment method(s).

### 22. What is the expected quality of the wastewater after treatment? Quality should be described at least in terms of faecal coliforms (or other microbiological indicator), Biochemical Oxygen Demand (BOD) and Suspended Solids (SS)(include information on other parameters if available).

## DESCRIPTION OF DISPOSAL SYSTEM

**23. What is the total length, width and area of the soakage field?**

<b>Length</b>	<b>m</b>	<b>Width</b>	<b>m</b>	<b>Area</b>	<b>m<sup>2</sup></b>
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**24. What is the depth of the ground water table in winter?**

	m
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How was this determined?

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**25. Is the soakage field prone to flooding? (If so, describe how often and to what degree.)**

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**26. What is the slope of the soakage field?**

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**27. Describe the kind of disposal system used (for example, conventional absorption trench, evapo-transpiration bed, Wisconsin mound, irrigated area, other)**

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**28. How is the effluent delivered to the soakage field (for example gravity feed, pump dosed, spray irrigated, drip fed or other)?**

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**29. If an intermittent dosing system is used, how often, and with what volume of effluent is the soakage field dosed?**

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30. Describe the distribution pipes (field tiles, LPED system, Dripper, other).

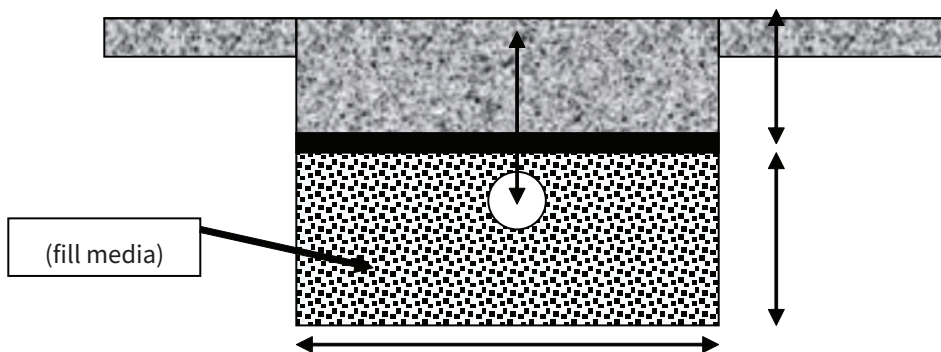
31. Is any part of the disposal field lined (for example with polythene, clay, filter cloth)? Please describe.

32. What is the peak loading rate of effluent over the soakage field?

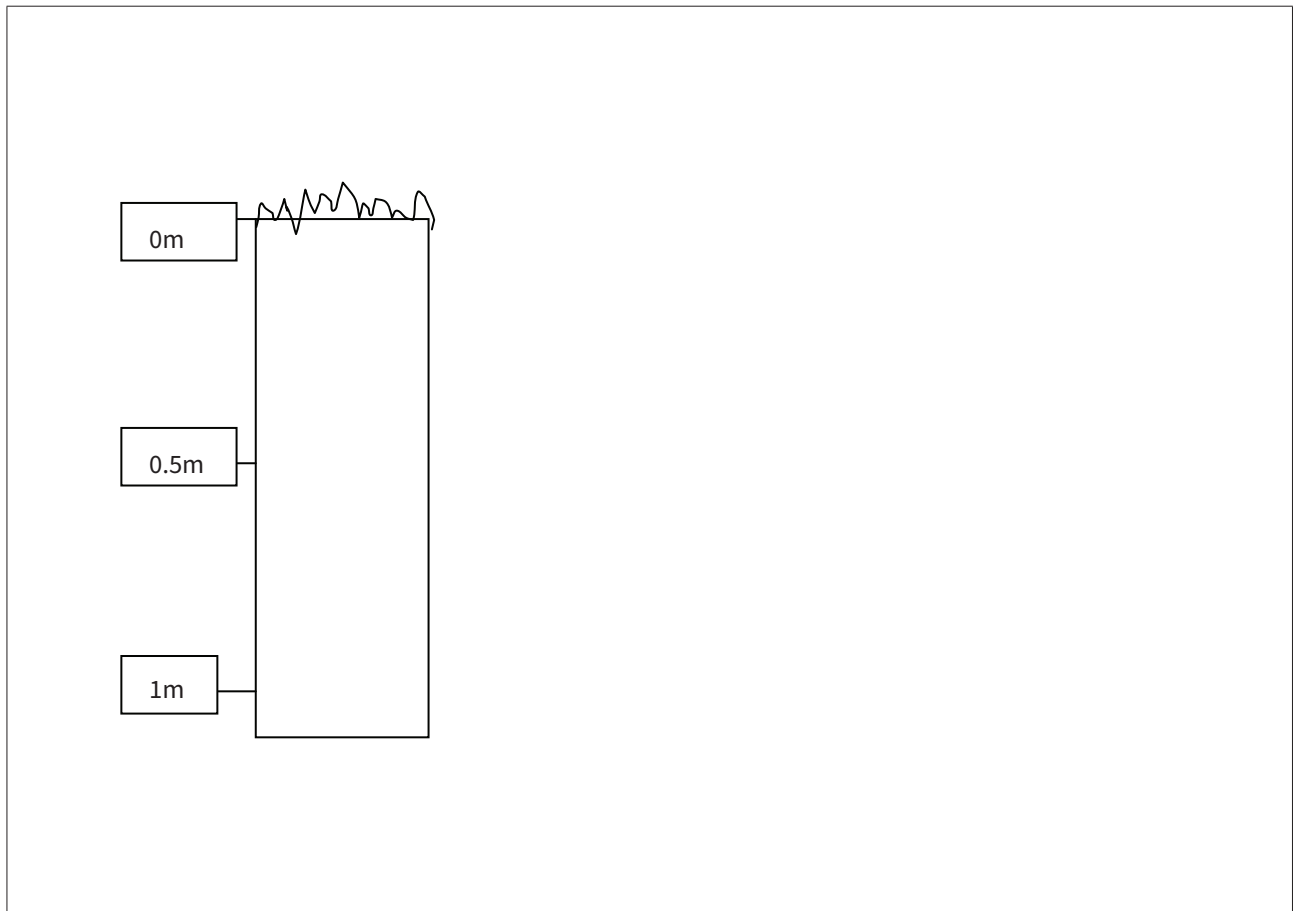
mm/day

33. What is (or what will be) the ground cover above the soakage field?

34. Use the diagram below, or draw and attach your own diagram, to explain your soakage field (for example, include dimensions of trench, fill material, distance from ground level to distribution pipe, linings used).



**35. Describe the soil profile of the soakage field site in the following diagram**



**36. What is the expected maximum soakage rate of the soil beneath the soakage field? (If a percolation test has been carried out, provide the results here).**

**37. Describe routine maintenance and inspections that will be carried out concerning the treatment and disposal system.**

**38. How will the treatment and disposal system be managed to ensure maximum treatment efficiency?**

**39. Is any monitoring of the discharge, and its impact upon ground water (or nearby surface water) carried out (or intended to be carried out)? If yes, please outline the programme (for example, what measured, where, how often).**

**40. What procedures/methods (other than treatment) have been adopted/put in place, to minimise the volume of discharge (for example, dual flush toilets, water saving devices)?**

**41. Have alternative methods of treatment and discharge been considered? Please give details.**



**42. What effect will the discharge have on:**

soil:

groundwater:

surface water:

**43. Are there likely to be other environmental effects of the wastewater treatment and disposal system (such as odour, visual effects)?**

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.

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

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

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

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

Other affected or interested parties

45. Provide details of your consultation

Provide details about the consultation you have undertaken, or explain why consultation was not considered necessary. If possible you should provide written comment or approval from those you have identified. A consultation form is provided at the end of this form 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)
- any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.

FINAL CHECKLIST

46. Have 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 and attached any other related activity forms.
- ☐ Completed and attached Forms A and C.
- ☐ Applied for any district council consents that are also required for your proposal.
- ☐ Consulted with all interested and affected parties, and included their comments and/or written approval (if possible).
- ☐ Included or paid the required deposit fee for this application.

# CONSULTATION FORM

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

<b>Applicant</b>	
<b>Description of proposal</b>	

## **Person/group consulted in regard to this proposal**

<b>Name of contact person</b>	
<b>Name of group</b>	
<b>Postal address</b>	
<b>Street address</b>	
<b>Email address</b>	
<b>Contact number/s</b>	phone:

## **Consulted party's views on the proposal (to be completed by person/group consulted)**

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

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## **Applicant's response to views of consulted parties (to be completed by applicant)**

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

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## **Consulted party's response to the proposal (to be completed by person/group consulted)** *Please tick one only*

- ☐ I/We give my/our approval for the proposal      ☐ I/We do not give my/our approval for the proposal
- ☐ I/We are not affected by this proposal

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_