

Trade Waste Bylaw 2016

Application for Temporary Discharge Appendix C

29 Bowler Avenue, Gore 9710
PO Box 8, Gore 9740
Phone 03 209 0330
Fax 03 209 0357
Email info@goredc.govt.nz
www.goredc.govt.nz

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: _____

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: **Approved** **Not Approved**

By: _____

Date: _____

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: _____