

# Application for Consent to to Discharge Tradewaste – Conditional Tradewaste – Dentists



(Pursuant to the Marlborough District Council Tradewaste Bylaw 2011)

## Consent Application for Tradewaste Discharge

1 Trading Name: \_\_\_\_\_

2 Street Address of Trade Premises: \_\_\_\_\_

3 Name of Licensee: \_\_\_\_\_  
(Occupier responsible for Consent)

4 Postal Address of Licensee: \_\_\_\_\_  
\_\_\_\_\_

5 Postal Address for Invoicing: \_\_\_\_\_  
(if different)

6 Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

7 Contract for Tradewaste Queries:  
Name: \_\_\_\_\_  
(Title) (First Name) (Surname) (Position)

Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

8 Name of Property Owner: \_\_\_\_\_

9 Address of Property Owner: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

10 Property Number: \_\_\_\_\_

11 Name of Occupier/Employee Authorised to Sign Application: \_\_\_\_\_

12 Position of Occupier or Authorised Employee: \_\_\_\_\_

13 This application relates to:

Tick Box

(a) Variation to an existing consent  Consent number \_\_\_\_\_

(b) Renewal of an existing consent  Consent number \_\_\_\_\_

(c) A new discharge consent

(d) A current discharge without a consent

14 Describe the main activity carried out on site (eg, metal finishing, printing, food processing).

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15 Total volume of wastes discharged to public sewer:

(a) Maximum 24 hour discharge volume \_\_\_\_\_ cubic metres

(b) Average 24 hour discharge volume \_\_\_\_\_ cubic metres

(c) Maximum 8 hour discharge volume \_\_\_\_\_ cubic metres

(d) Average flowrate over 24 hour period \_\_\_\_\_ litres/second

(e) Maximum instantaneous flow rate \_\_\_\_\_ litres/second

(f) Time of day and duration of maximum rate of discharge:

\_\_\_\_\_ am/pm \_\_\_\_\_ mins/hrs

(g) Does your discharge have a seasonal peak (range)?  Yes  No

If yes, when does this occur? \_\_\_\_\_

16 The source of water used on the premises is:

From Marlborough District Council \_\_\_\_\_ m<sup>3</sup>/working day

From other source (state source) \_\_\_\_\_ m<sup>3</sup>/working day

17 Please list each specific process which generates tradewastes, (eg, x-ray wastes, chemiclave, etc):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

18 Do you have an amalgam trap or similar device, (eg, amalgam separator, vacuum pump filter, etc)?

Yes                       No

If yes, please give details of type: \_\_\_\_\_

Are chair-side (primary) traps used?

Yes                       No

If yes, what is the mesh size of the trap? \_\_\_\_\_ mesh size

19 If you have an amalgam trap/separator or similar device, is the amalgam waste collected by a recognised company for off-site disposal?

Yes                       No

If yes, state which waste disposal company is used and frequency of collection.

Company: \_\_\_\_\_

Frequency: Weekly                       Monthly                       Yearly

20 Is the amalgam trap or similar device cleaned out and serviced on a regular basis?

Yes                       No

21 Council may require verification that your pre-treatment system (amalgam trap or similar device) is cleaned and maintained on a regular basis. Is verification of cleaning available (eg, receipt from waste disposal company)?

Yes                       No

If yes, please attach a copy.

22 X-Ray Processing:

Is used 'fixer' from x-ray processing contained and removed off site?

Yes                       No

If no, how is 'fixer' disposed of? \_\_\_\_\_

23 Do you store, use or generate any of the substances defined as controlled substances (Schedule 1, tables A, B & C) in the Marlborough District Council Tradewaste Bylaw (this includes any chemicals which are similar in generic type and toxicity, eg, oils, solvents, organic compounds or heavy metals etc) that could result in discharges above the stated limits?

Yes                       No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

24 Please provide material safety data sheets (MSDS) for all substances/chemicals, which have been identified from Question 23.

25 Is an approved backflow prevention device installed on your site?

Yes                       No

If yes, please give details of type.

\_\_\_\_\_

**Note:** The testing of automatic backflow protection devices is mandatory to comply with the Building Act 1991.

**Backflow Prevention:**

**Note:** Backflow/Back-siphonage occurs when pressure drops or increases in a water supply system and allows water to flow backwards into the water supply. If there is a risk of contamination, an approved backflow prevention device is required to be fitted to ensure that all end users are protected against contaminated water. Should any contamination of the supply occur from activities within your site, your business may be liable for any cost involved to remedy the situation.

26 I declare that the foregoing information is correct to the best of my knowledge.

\_\_\_\_\_  
Occupier/Authorised Employee

Date: \_\_\_\_\_

Return to Mike Davies  
Marlborough District Council  
PO Box 443  
Blenheim 7240

Record No. 15128530