



(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:				

10	Tele	ephone: Business: Home: Mobile:				
	Ema	ail:				
11	Prop	Property Number:				
12	Nan	Name of Occupier/Employee Authorised to Sign Application:				
13	Pos	Position of Occupier or Authorised Employee:				
14	This	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 \square				
15		Describe the main activity carried out on site, (eg, takeaway, restaurant, café, bakery, kitchen in club, butcher, deli, motel, etc).				
16	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)? \Box Yes \Box No				
		If yes, when does this occur?				

17	The source of water used on the premises is:				
	☐ From Marlborough District Councilm³/working day				
	☐ From other source (state source) m³/working day				
18	Indicate number of toilets/urinals:				
19	Do you have a grease trap (arrestor) on site? It could be in-ground, free-standing or under-sink type.				
	☐ Yes ☐ No				
	If yes, please specify type, (eg, 2 stage or 3 stage gravity separator, enzyme type (no longer permitted in new installations), mechanical separator, etc).				
	How regular is the grease trap cleaned and serviced? Frequency: Weekly □ Monthly □ Bi-annually □ Annually □ Other □				
20	Please provide outline drawings or a sketch which clearly indicate the location of the grease trap, and if possible, specification and type of grease trap installed:				

21 Council may require verification that your pre-treatment system (grease and maintained on a regular basis. Is verification of cleaning available waste disposal company)?		lar basis. Is verification of cleaning available, (eg, receipt from	
	☐ Yes		No
	If yes, please atta	ach a cop	by of the most recent clean-out.
22	Is a deep fryer co	ooker or r	rotisserie cooker used on site?
	☐ Yes		No
	If yes, is the cool	king oil ar	nd fat contained on site in containers or drums?
	☐ Yes		No
	If yes, which was	te recycli	ing company delivers and/or collects the containers or drums?
23	What cleaning or	sterilisin	g agents/chemicals are used on site?
24			Material Safety Data Sheets (MSDS) of chemicals used. h may collect rainwater, connected to the trade waste drain?
	☐ Yes		No
		•	estimate each area and indicate the practicality of minimising or om the sewer catchment.
25	Is an approved b	ackflow p	prevention device installed on your site?
	☐ Yes		No
	If yes, please giv (WOF).	e details	of type, location date of annual Building Warrant of Fitness

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 decla	are that the foregoing information is co	orrect to the best of my knowledge.
		Date:
	Occupier/Authorised Employee	
Return to	Mike Davies	
	Marlborough District Council	
	PO Box 443	
	Blenheim 7240	

Record No. 14272121

Phone: +64 3 520 7400 | Email: mdc@marlborough.govt.nz

PO Box 443, Blenheim 7240, New Zealand