

## Trade Waste Bylaw 2015

# Application for Temporary Discharge Appendix C



6-8 Brougham Street,  
PO Box 21, Westport 7866

Phone 03 788 9111

Email [info@bdc.govt.nz](mailto:info@bdc.govt.nz)  
[www.bullerdc.govt.nz](http://www.bullerdc.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: \_\_\_\_\_ m<sup>3</sup>

Source: \_\_\_\_\_

---

---

---

Process in which waste was produced: \_\_\_\_\_

---

---

---

General Characteristics \_\_\_\_\_

cBOD<sup>5</sup> \_\_\_\_\_ g/ m<sup>3</sup>

COD: \_\_\_\_\_ g/ m<sup>3</sup>

Suspended Solids: \_\_\_\_\_ g/ m<sup>3</sup>

pH \_\_\_\_\_

Oil and Grease: \_\_\_\_\_ g/ m<sup>3</sup>

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: \_\_\_\_\_