

TRADE WASTE BYLAW 2015

APPLICATION FOR CONSENT TO DISCHARGE TANKERED WASTE AT THE CHRISTCHURCH WASTEWATER TREATMENT PLANT

Technical Services, Christchurch City Council

PLEASE PRINT CLEARLY - Fields with * are compulsory

A **PERMITTED** TRADE WASTE REGISTRATION to discharge at the Christchurch Wastewater Treatment Plant is for companies applying to discharge Septage, Sewage, Portable Toilet Waste, Dewatering Plant Sludge and/or Land fill Leachate. This application will permit the consent holder to discharge at the Treatment Plant ONLY. Please Note: only REGISTERED and LICENSED drivers may collect, transport and dispose of trade waste.

| | | |
|--|--|--------|
| *I | Full Legal Name of Company/Partnership/Names of Applicants | |
| *Trading as | Business Name/Trading Name | |
| *Being the Owner/Occupier(s) of the Trade Premises located at: | | |
| Street Number | Street Address | Suburb |

Request consent from the Christchurch City Council to discharge trade waste to the Council's Wastewater Treatment Plant at Shuttle Drive, Bromley in accordance with the terms of the Christchurch City Council Trade Waste Bylaw 2015.

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| *Limited Company or Body Corporate Number (as applicable): | Limited Company or Body Corporate Number |
|--|--|

***Business Contact Details:**

| | |
|--------------------|--------------------|
| Name: | |
| Designation: | Job Title/Position |
| Phone: | () |
| Cell Phone: | () |
| Email: | Email Address |
| Website: | Web Address |
| Operational Hours: | Business Hours |

***Billing Postal Details:**

| | |
|----------------|-----------------------|
| Business Name: | |
| Address: | PO Box/Street Address |
| Suburb: | Suburb |
| City: | City |
| Postcode: | Postcode |

Please indicate if your business collects other trade waste & if so what type (e.g. fat, grease, oil, petrol etc.):

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|---|--|
| Code Compliance Certification Number (if known): | |
| *Current Offensive Trade Registration: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Tankered waste loads will commence from: | dd mm yyyy (date can be approximate) |
| *Principal Business Activity: | Principal Business Activity |
| *Credit Application form attached: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Number of vehicles requiring access to the discharge facility: | Number of vehicles requiring access |

Office Use Only

| | | |
|------------------------|--------------|--------|
| SAP Business Partner # | Customer # | Site # |
| Date Received | Date Entered | HPRM # |

Please supply the following information for each truck that requires an access card. You will be provided with 1 card per truck:

| | |
|---------------------------|---|
| *Vehicle Registration | <input type="text"/> |
| *Tanker Capacity (litres) | <input type="text" value="Tanker Capacity (litres)"/> |
| *Driver Name | <input type="text"/> |
| *Driver Mobile Number | <input type="text"/> |
| * Requested 4-digit pin | <input type="text"/> |
| Office Use Only | |
| * Truck Number | <input type="text" value="Office Use Only"/> |
| * Card Number | <input type="text" value="Office Use Only"/> |

| | |
|---------------------------|---|
| *Vehicle Registration | <input type="text"/> |
| *Tanker Capacity (litres) | <input type="text" value="Tanker Capacity (litres)"/> |
| *Driver Name | <input type="text"/> |
| *Driver Mobile Number | <input type="text"/> |
| * Requested 4-digit pin | <input type="text"/> |
| Office Use Only | |
| * Truck Number | <input type="text" value="Office Use Only"/> |
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| *Driver Mobile Number | <input type="text"/> |
| * Requested 4-digit pin | <input type="text"/> |
| Office Use Only | |
| * Truck Number | <input type="text" value="Office Use Only"/> |
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| *Driver Name | <input type="text"/> |
| *Driver Mobile Number | <input type="text"/> |
| * Requested 4-digit pin | <input type="text"/> |
| Office Use Only | |
| * Truck Number | <input type="text" value="Office Use Only"/> |
| * Card Number | <input type="text" value="Office Use Only"/> |

*Signature: *Date:
 * Please tick if application is signed by an Agent acting on behalf of the Owner.

Return completed form to tradewaste@ccc.govt.nz or Technical Services, PO Box 73014, CHRISTCHURCH 8154