

# APPLICATION FOR RESOURCE CONSENT

## FORM B: SAND AND GRAVEL EXTRACTION



### NOTES

The extraction of sand and gravel from a stream or river bed must meet all the conditions of our permitted activity rules, or resource consent will be required. This activity form will help you apply for a resource consent.

- You must fully complete this activity form and supply all the required information. Provide as much detail as you can where the questions are relevant to your activity. We request that, where possible, you provide electronic copies of any supporting information (for example, on CD). Doing so may reduce administrative costs charged to you.
- You must also supply completed Forms A and C.
- Unless we advise otherwise, you should also consult with any person or party who may be interested in or affected by your proposal. You should provide details of this consultation, including written approval from these parties if possible.
- **You must pay the required initial deposit when you submit this consent application.**
- Failure to provide the required information and payment will delay the processing of your application. If you do not provide adequate information then we will not be able to process your application, and will return it to you. If you do not pay the required fees, we may stop processing your application until payment is received.

### FOR OFFICE USE ONLY

File:	
Client ID:	
Project:	

If you need any further help,  
please phone our Resource Use  
staff on 0800 800 401.

### SITE AND LOCATION

1. **If known, please supply map coordinates of the extraction area/s, preferably as New Zealand Transverse Mercator 2000 (NZTM2000) references. These locations must also be clearly identified on the location map you have supplied with Form A**

2. **Where will the metal/sand be taken from:**

Floodplain  
 Within the stream or river bed

3. **Name of the stream/river from which metal or sand is to be extracted. If the waterway is unnamed, then please state this and name the stream/river it eventually flows into**

## NATURE OF THE ACTIVITY

4. Volume of material to be extracted \_\_\_\_\_ cubic metres per day  
\_\_\_\_\_  
cubic metres per year

5. Describe the timing of the extraction operation, such as time of day and time of year.

6. Describe the period over which removal will occur and the frequency of removal in any 12 month period.

7. What is the purpose of the extraction?

## PROCESS

8. Fully describe the method of extraction, including the equipment that will be used.

9. Most activities will require a management plan before the consent is granted. This plan details the procedures that will be implemented to ensure the operation complies with the conditions of the resource consent. Although this plan is not required at the time of the initial application, it will speed up the application process if a draft plan is provided (on separate paper). This plan should detail proposed procedures and provide complaint response procedures, including contact telephone numbers for operations staff who will be responsible for responding to complaints.

## ASSESSMENT OF ENVIRONMENTAL EFFECTS

**10. Describe the surrounding environment and the actual or potential effects of your activity (please tick)**

Is the stream or river used by other people for any recreational or cultural purpose?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Is the stream or river a habitat for trout, whitebait or native fish?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Are there nearby areas of native plant life?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Are there nearby habitats of native animal life?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Are there any nearby structures in the banks or bed of the stream/river?	<input type="radio"/> Yes	<input type="radio"/> No	
Will your activity cause any change to the stream or river's current natural character?	<input type="radio"/> Yes	<input type="radio"/> No	
Will your activity create any changes to stream or river's water clarity and sediment load?	<input type="radio"/> Yes	<input type="radio"/> No	
Will your activity create any changes to the stream or river's current flow regime and flooding characteristics?	<input type="radio"/> Yes	<input type="radio"/> No	

**If you ticked yes or unknown to any of these questions – go to question 11.**

**If you ticked no to all these questions – proceed to question 12.**

**11. With reference to your answer/s to question 11, describe the feature/s more fully (if known) and detail how you intend to avoid or lessen the actual or potential effects of your activity on these features.**

**12. Describe the extent to which your activity may affect neighbouring or downstream properties.**

How will you avoid or lessen these effects?

**13. Describe the extent to which your activity may affect tangata whenua values.**

How will you avoid or lessen these effects?

**14. Describe the extent to which your activity may affect river bed and bank stability.**

How will you avoid or lessen these effects?

## EFFECTS ON AIR QUALITY

15.

- Does the activity have the potential to create any odour that other people may find objectionable?  Yes  No
- Does the activity have the potential to generate any air borne discharges (such as dust, smoke or particulate matter) that may lead to reduced air quality and/or clarity, health effects on people, animals or plants or damage to other people's property?  Yes  No
- Is the activity within 150 metres of a neighbouring residential dwelling?  Yes  No
- Is the operation within 1,000 metres of a property boundary?  Yes  No

If you have answered yes to any of these you may also require a separate air discharge consent. Contact resource use staff at our Hamilton office to confirm your consent requirements, if you have not done so already.

Any activity related discharges of water, liquid or solid waste or stockpiling of extracted material may also require separate resource consents. Please also contact us if this is the case to confirm your consent requirements.

## CONSIDERATION OF ALTERNATIVES

16. Describe any alternative materials, locations or methods for the extraction activity. Provide details on whether these have been considered or implemented, and if not, then why not.

17. Provide copies of any additional information you may have about the effects of your activity on the receiving environment, such as photographs, monitoring data or recent compliance reports. If possible, we would prefer this information to be submitted in an electronic format, such as CD.

## CONSULTATION

Unless the Waikato Regional Council has indicated otherwise, you should identify and consult with any parties that may be potentially affected by or interested in your discharge activity.

- This generally involves at the very least your neighbours and local community.
- If your activity is within 50 metres of a bridge, dam, ford or weir forming part of a public road then you will need to obtain written permission from the land transport authority.
- Consultation may also include district councils, iwi and interest groups such as local recreational and care groups.
- If you are in doubt about who you should be talking to, then call the Waikato Regional Council's staff.

Make sure you provide everyone with sufficient information so that they can fully understand what it is you want to do and how they may be affected by it. This could include a copy of this application form once it is completed and/or any plans or maps. Make sure you make yourself available to explain the application, answer any questions and discuss options for resolving any concerns.

### 18. Identify the parties that may be affected by or interested in your discharge activity and consent application

<b>Party details/relationship</b> <i>(such as neighbour, local iwi, interest group)</i>		
<b>Contact person</b>		
<b>Postal address</b>		
<b>Phone number/s</b>	Home:	Business:
	Mobile:	
<b>Party details/relationship</b> <i>(such as neighbour, local iwi, interest group)</i>		
<b>Contact person</b>		
<b>Postal address</b>		
<b>Phone number/s</b>	Home:	Business:
	Mobile:	
<b>Party details/relationship</b> <i>(such as neighbour, local iwi, interest group)</i>		
<b>Contact person</b>		
<b>Postal address</b>		
<b>Phone number/s</b>	Home:	Business:
	Mobile:	

#### Other affected or interested parties

#### 19. Provide details of your consultation

Provide details about the consultation you have undertaken, or explain why consultation was not considered necessary. If possible you should provide written comment or approval from those you have identified. A consultation form is provided at the end of this form that will help you with this. Photocopy off a separate form for each party identified. Otherwise, make sure you let us know:

- who you consulted with
- how we can contact these people
- their relationship to you (for example, neighbour, local iwi, interest group)
- any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.

#### FINAL CHECKLIST

#### 20. Have you? (please tick)

- Filled in all parts of this form (Form B) that are relevant to your activity, provided all the information required, and completed and attached any other related activity forms.
- Completed and attached Forms A and C.
- Applied for any district council consents that are also required for your proposal.
- Consulted with all interested and affected parties, and included their comments and/or written approval (if possible).
- Included or paid the required deposit fee for this application.

# CONSULTATION FORM

**PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED**

Applicant	
Description of proposal	

**Person/group consulted in regard to this proposal**

Name of contact person	
Name of group	
Street address	
Email address	
Contact number/s	phone:

**Consulted party's views on the proposal (to be completed by person/group consulted)**

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

**Applicant's response to views of consulted parties (to be completed by applicant)**

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

**Consulted party's response to the proposal (to be completed by person/group consulted)** *Please tick one only*

I/We give my/our approval for the proposal       I/We do not give my/our approval for the proposal

I/We are not affected by this proposal

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_