APPLICATION FOR RESOURCE CONSENT FORM B: DISCHARGE OF SOLID WASTE TO LAND



NOTES

Resource use activities must meet all the conditions of any relevant Permitted Activity Rules in the Waikato Regional Plan or a resource consent from the Waikato Regional Council is required. This 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.
- 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.

LOCATION

- 1. What is the name of the nearest waterbody to the activity? (if the waterway is a drain or an unnamed stream, then what is the name of the stream, river, lake or wetland that it flows into)
- 2. If known, please supply relevant map coordinates of the activity or activities, 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

TYPE OF RESOURCE CONSENT SOUGHT

3. The resource consents sought relate to the following activities.

Please tick	Previous consent number
O Discharge of solid waste onto or into land in circumstance which may result in that contaminant entering water. Note: this also applies to discharges where a contaminant emanating as a result of natural processes from the contaminant discharged may enter water.	
O Discharge of solid waste from any industrial or trade premises onto or into land.	

FOR OFFICE USE ONLY

File:	
Client ID:	
Project:	

If you need any further help, please phone our Resource Use staff on 0800 800 402.

NATURE OF THE PROPOSAL

4.	Please provide an overview of your proposal. This should include a description of what you are proposing, the
purpose of the proposal, and expected volumes of waste deposition.	

5. Please describe the nature of the solid waste. Has there been any testing to characterise the chemical characteristics of the waste material? If so please provide details.

6. Do you consider that the waste will produce any odour? Explain.

7. Will the waste receive any form of treatment before being placed onto the land?

e you planning to construct a liner before placement of the solid waste? If so, please provide constru tails.	
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ASSESSMENT OF EFFECTS ON THE ENVIRONMENT

14. Please describe the actual and potential effects of your activity on:

• Water quality of nearby streams/rivers/lakes

• Water quality of underlying groundwater

• Underlying soils

• Heritage, cultural and archaeological values

• Air quality

• Other users of the area (such as, neighbours, recreational users, anyone upstream or downstream taking water)

• Stability of the site

MONITORING AND MITIGATION

15. Has any monitoring been undertaken previously?

◯ Yes ◯ No

O Yes

If yes, does Waikato Regional Council already have the results?

🔾 No – please provide a copy of the results

16. Please describe how you propose monitoring the effects of your activity.

17. Please describe how you will avoid, remedy or mitigate (minimise) the following effects that may be generated by your activity:

• Discharge of sediment into waterways

• Discharge of contaminants into groundwater

• Discharge of contaminants into underlying soils

• Land instability

• Discharge of odour into air

• Other users of the area (such as neighbours, recreational users, anyone upstream or downstream taking water) and cultural, heritage or archaeological values/sites)

• Any other adverse effects that your proposed activity may have.

CONSULTATION

Identify and consult with any parties that may be potentially affected by or interested in your activity. This generally involves your immediate neighbours. It may also include local authorities, 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 Waikato Regional Council staff.

Make sure you provide everyone with sufficient information 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 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

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

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.
- O Applied for any district council consents that are also required for your proposal.
- O 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:	fax:

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

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I/We are not affected by this proposal

Signed _