

Application for Resource Consent: Discharge to Water (General)

Form B: Activity Information and Assessment Form

A complete Administration Form (Form A) MUST accompany this Activity Information and Assessment Form (Form B) when lodging your application. The purpose of this form is to provide the applicant with guidance on information that is required under

the Resource Management Act 1991. These forms are to act as a guide only, and Horizons Regional Council reserves the right to request additional information.

APPLICANT NAME
(Refer to Form A)

1 APPLICATION PURPOSE

What is the purpose of this application (select one)

- New consent
 Renewal of consent

Consent number Expiry date.....

Consent term sought
(Max. 35 years)

Resource consents are typically aligned with the relevant common catchment expiry dates in Policy 12-5 of the One Plan.

2 LOCATION

Location of the proposed discharge

Address

Map coordinates (NZTM 2000) E N.....

Legal description.....

A detailed site map will be required with this application.

What is the name of the water body that the discharge is into?

If the water body is unnamed then please note this and state which water body it is a tributary to.

According to Schedule A of the One Plan, what Surface Water Management Zone is this in?

.....
You can access this information via <http://www.horizons.govt.nz/publications-feedback/one-plan/part-3-annexes/schedules>

Describe the present state of the waterbody at the proposed location of the discharge. Please provide any reports or results of any testing you have undertaken.

Parameters to include in your description are; flow information, water colour/clarity, width of channel, average depth, land use surrounding the waterbody, bed material (e.g. rocky, silty, etc), bank material, streamside vegetation, erosion, fish life, invertebrate life, aquatic plants.

What is the quality of the receiving waterbody before the discharge?

Provide sample results and interpretation of these results (e.g. against guideline values).

3 DESCRIPTION OF PROPOSED ACTIVITY

What are the contaminant/s of concern to be discharged?

A contaminant is considered any substance which is likely to change the water into which it is discharged in any way. Water can also be a contaminant.

What is the source of the contaminant and/or process that results in the discharge?

(e.g. municipal wastewater, industrial processes, water treatment, rural activity, contaminated stormwater, other).

Is the discharge treated in any way before being discharged? Yes No

Name the treatment system and describe the treatment process

(include the design specifications such as capacity of the system).

If sludge/solid waste is generated as part of the treatment process, please state what happens to this sludge.

Additional consent will be required for the discharge of sludge to land.

Describe the contaminant/s and expected quality of the discharge after treatment but before it enters its receiving environment.

Please provide the results from any water quality testing of the discharge. If you do not have this information, you will need to test your discharge. Indicate which contaminants have been identified in the discharge by ticking the boxes. Explain how the samples were taken (e.g. spot sample or composite sample) and attach the sampling results (laboratory analytical certificates) to this application.

- | | |
|---|---|
| <input type="checkbox"/> Temperature °C | <input type="checkbox"/> pH |
| <input type="checkbox"/> Suspended solids g/m ³ | <input type="checkbox"/> BOD ₅ g/m ³ |
| <input type="checkbox"/> Faecal coliforms cfu/100 mL | <input type="checkbox"/> Heavy metals g/m ³ |
| <input type="checkbox"/> Toxic substances (e.g. PAHs, phenols) g/m ³ | <input type="checkbox"/> Dissolved and total nutrients g/m ³ |
| <input type="checkbox"/> Ammonia g/m ³ | <input type="checkbox"/> Oil/grease g/m ³ |

Date/s sample taken..... Name of sampler.....

Location/s sample taken.....

Date/s of analysis: Analysis conducted by

Indicate the sampling area(s) on the site map in Section 7.

Where appropriate describe the following

Physical characteristics of the discharge (such as temperature, suspended solids, turbidity).

Inorganic chemical characteristics of the discharge (such as pH, free ammonia, organic nitrogen, total kjeldahl nitrogen, nitrites, nitrates, inorganic phosphorus, sulphate, metals).

Organic chemical characteristics of the discharge (such as BOD₅, VOC's).

Biological characteristics of the discharge (such as faecal coliforms, specific micro-organisms, toxicity).

Provide details of the expected quality of the receiving waters (AFTER the point of discharge, at a point after reasonable mixing). Provide sample results for existing discharges or provide anticipated results.

Indicate which contaminants have been identified in the receiving waters by ticking the boxes.

Attach the sampling results (laboratory analytical certificates) to this application.

- | | |
|--|--|
| <input type="checkbox"/> Temperature °C | <input type="checkbox"/> pH |
| <input type="checkbox"/> Suspended solids g/m ³ | <input type="checkbox"/> BOD ₅ g/m ³ |
| <input type="checkbox"/> Faecal coliforms cfu/100 mL | <input type="checkbox"/> Heavy metals |
| <input type="checkbox"/> Toxic substances | <input type="checkbox"/> Nitrates |
| <input type="checkbox"/> Ammonia and dissolved reactive phosphorus | <input type="checkbox"/> Dissolved Oxygen g/m ³ |

Date/s sample taken..... Name of sampler.....

Location/s sample taken.....

Date/s of analysis: Analysis conducted by

Please indicate the sampling locations (e.g. upstream, downstream, point of discharge) on your attached site plan.

Describe the method of the discharge.

Describe what measures will be put in place to prevent erosion or scour at the point of discharge.

Describe the discharge outlet structure (e.g. 300mm pipe, multi port diffuser, gravel trench etc).

Is the discharge continuous or intermittent? Continuous Intermittent

What will be the maximum discharging period?

..... hours per day

..... days per week

..... weeks per year

Describe the expected volume and frequency of the discharge.

Maximum flow rate litres per second

Maximum daily discharge cubic metres per day

Average dry weather flow

Peak wet weather flow

Max. volume per annum.....

Please confirm that there are no other resource consents required for any other associated activities

(e.g. consent for the outlet structure, diversion and/or discharge to land).

4 RULE ASSESSMENT

A number of the activities under Chapter 14 of the One Plan are permitted activities as long as you can meet certain conditions and standards. Please ensure your activity is not a permitted activity under Chapter 14 of the One Plan. If you require assistance, please contact the consents team at Horizons on freephone 0508 800 800.

Please indicate which rule of the One Plan your activity falls under.....

Chapter 14 can be accessed via <http://www.horizons.govt.nz/publications-feedback/one-plan>.

ASSESSMENT OF ENVIRONMENTAL EFFECTS

For your application to be considered, an assessment of environmental effects must be included. Please answer all of the questions below. Additional information may need to be provided depending on the scale and significance of your proposal.

Considering the Surface Water Management Zone your proposed activity is in, are there any Schedule B Yes No values identified for this reach of the river?

You can access this information via <http://www.horizons.govt.nz/publications-feedback/one-plan/part-3-annexes/schedules>

If 'Yes', please identify these values and describe how you intend to avoid, remedy or mitigate adverse effects of the proposed discharge on each of these values?

If there are any other discharges within the same catchment, what is the combined effect of these discharges (including the proposed discharge) on the receiving environment?

Describe any noticeable change in the colour/clarity of the receiving waters that may result from the discharge.

What environmental effects were considered when choosing the proposed method of disposal and location (*e.g. water table, dilution rates/mixing potential, proximity to waterbody*)?

What are the cultural effects of the proposed discharge? Are there any statutory acknowledgements associated with the water body?

6

GOOD MANAGEMENT PRACTICES AND MITIGATION MEASURES

Please include a description of the monitoring or good management practices to be undertaken to help avoid, reduce, remedy or mitigate the actual and potential effects on the environment.

What monitoring and management do you proposed to ensure any potential adverse effects on the environment are avoided, remedied or mitigated? (E.g. discharge monitoring, receiving water monitoring, ecological surveys, toxicity tests). **Include details on what is to be monitored, when, how and why.**

What contingency measures are proposed to deal with any system malfunction or failures so as to prevent unauthorised, uncontrolled, or only partially treated discharge to the environment?

Describe how the equipment controlling the discharge to prevent equipment failure will be maintained and operated (E.g. measures to exclude stormwater from the system, desludging, equipment maintenance).

What will be done to minimise and remediate any effects in the event of equipment failure?

7

CONSIDERATION OF ALTERNATIVES

Please include a description of any possible alternative locations or methods for undertaking the activity and why these alternatives have not been selected.

8 CONSULTATION/AFFECTED PARTIES

Please include evidence of any consultation undertaken for this application. This may include (but not be limited to) consultation with adjoining landowners, other consent holders in the immediate area, Iwi, government departments/ministries (e.g. DOC), territorial authorities and recreational associations (e.g. Fish and Game New Zealand). Please ensure that you have considered any statutory acknowledgements in the Horizons Region. For more information visit (<http://www.horizons.govt.nz/about-our-region-and-council/iwi-and-hapu/statutory-acknowledgements>).

If you are in doubt about who you should be talking to the call a member of the consents team on freephone **0508 800 800**.

Please provide details of those you have identified as parties who may be affected. If you have discussed your proposal with any of these parties, please record any comments made by them and your response to them, and submit this with your application.

Name

Address

Affected party approval form attached

Name

Address

Affected party approval form attached

Name

Address

Affected party approval form attached

Name

Address

Affected party approval form attached

9 NATIONAL ENVIRONMENTAL STANDARDS

NATIONAL ENVIRONMENTAL STANDARDS FOR SOURCES OF HUMAN DRINKING WATER (NES-DW)

Are there any public water supplies that could be affected by your proposal? Yes No

An assessment under the NES-DW will need to identify any sources of human drinking water that supply more than 25 people that might be affected by the discharge. Horizons Regional Council holds a list of such water supplies within its region and will be able to provide assistance when identifying water supplies within the vicinity of the activity.

Discussion with the water supply operator may also be beneficial in determining whether the supply could be affected and what measures can be taken to ensure the quality of the water supply is maintained.

Please state any other NES that you consider may be relevant to your activity and provide an assessment against that NES.

10 RELEVANT STATUTORY PROVISIONS

The Resource Management Act 1991 requires this application to include an assessment of the proposed activity against the One Plan. Answering the following questions will satisfy this requirement. If you are unable to answer the questions below, or you believe your proposal is inconsistent with the relevant policies and documents discussed, it is recommended you seek professional planning assistance to help you with your application. For a complete copy of the One Plan visit <http://www.horizons.govt.nz/publications-feedback/one-plan>.

REGIONAL POLICY ASSESSMENT

The objectives and policies of Chapter 2 (Resource Management Issues of Significance to Hapu and Iwi) and Chapter 5 (Water) are relevant to this application.

Is the activity consistent with the relevant provisions of the Regional Policy Statement? Yes No

Please provide reasons for your answer above

Please list any other relevant objective and /or policies of the Regional Policy Statement and provide an assessment of the activity against those objectives and/or policies.

REGIONAL PLAN ASSESSMENT

Objective 14-1 and Policy 14-1, 14-3, 14-4, 14-8 and/or 14-9 of Chapter 14 of the Regional Plan may be relevant to this application.

Is the activity consistent with the relevant provisions of the Regional Plan? Yes No

Please provide reasons for your answer above

If there are other sections of the One Plan or any national planning document (e.g. NZ Coastal Policy Statement) that you consider are relevant, please provide an assessment of the activity against those relevant objectives/policies of the One Plan and/or national document.

11 ADDITIONAL INFORMATION REQUIRED WITH THIS FORM

- Administration Form (Form A)
- A SITE plan to scale showing:
 - Site boundary
 - Location of the discharge point/s
 - Sampling locations
 - Location of roads and property boundaries
 - Location of any waterbodies in the vicinity of the discharge area
 - Location of any bores/wells in the vicinity of the discharge area
 - Locality of the discharge and system design
 - Buildings and residential properties
 - Location of any sensitive sites (e.g. historical places, sites of importance to iwi) in the proximity of the site
 - Any rare, threatened or at-risk habitats
- Sampling results detailed Section 3 (if relevant)
- Management Plans (if applicable)
- Affected party approval form/s

Please contact the consents team on freephone **0508 800 800** if you require assistance with your application.