# Application for **Resource Consent: Onsite Wastewater**



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)
APPLICATION PURPOSE What is the purpose of this application (select one)
New consent
Renewal of consent
Consent number Expiry date
Is this an application for an existing, upgraded or new system?  Existing  Upgrade  New
What is the total area of the property
(Max. 35 years)  Note: Resource consents are typically aligned with the relevant common catchment expiry dates in Policy 12-5 of the One Plan.
LOCATION
Location of the proposed discharge
Location of the proposed discharge  Address
Location of the proposed discharge  Address  Map reference (NZTM 2000) E  N
Location of the proposed discharge  Address  Map reference (NZTM 2000) E  Legal description
Location of the proposed discharge  Address  Map reference (NZTM 2000) E  N
Location of the proposed discharge  Address  Map reference (NZTM 2000) E  Legal description
Location of the proposed discharge  Address  Map reference (NZTM 2000) E. N.  Legal description  Certificate of Title and a detailed site map is required with this application, please see Section 14 - additional information required.  SITE CHARACTERISTICS
Location of the proposed discharge  Address  Map reference (NZTM 2000) E  Legal description  Certificate of Title and a detailed site map is required with this application, please see Section 14 - additional information required.

Separation distance from	Treatment plant separation distance (m)	Disposal field separation distance (m)
Boundaries		
Surface water (incl. drains etc.)		
Stands of trees/shrubs		
Wells, water bores		
Embankments/retaining walls		
Buildings		
Other (specify)		
		YES NO
s defined in Schedule F of the One Plan)		

General land stability of the property (including a description of any previous fill in the vicinity of the proposed soakage field)

Topography/slope

Site constraints (e.g. gullies, retaining walls, ponds, tile drains etc.)

ASSE	

All site assessments are to include a detailed assessment of the soils that underlay the proposed land application area. The assessment shall be by test pit or, where this is impractical, by hand auger borehole. The subsurface assessment should be to a depth of at least 1-2 metres, or at the minimum recommended groundwater separation

distance between the case of the land application system and any groundwater table (see Table 2.2 in the Manual for On-site Wastewater Systems Design and Management (Horizons Regional Council 2010). **Photographs are also needed of the soil profile.** 

	acteristics (e.g. depth of topsoil, colour, to	
estigation above, please indicate the c	lisposal field soil category	
NO		
m		
1	Drainage	Tick
se sand	Rapid draining	
edium sand	Free draining	
e and loamy sand	Good drainage	
, loam and silt loam	Moderate drainage	
oam, clay loam and silty clay-loam	Moderate to slow drainage	
non-swelling clay and silty clay	Slow draining	
	-	n Drainage se sand Rapid draining edium sand Free draining e and loamy sand Good drainage , loam and silt loam Moderate drainage

## **DESCRIPTION OF PROPOSED ACTIVITY**

 $Volume\ of\ the\ discharge.\ Note: Horizons\ default\ calculation\ for\ discharge\ volume\ is\ 180\ litres/person/day.$ 

Activity type	Size	Maximum daily discharge (m³)
Private House	Number of bedrooms*	
Motel/Hotel	Max. number of guests and staff	
Café/Restaurant/Winery	Max. number of patrons and staff	
School	Max. number of pupils and staff	
Camping Ground	Max. number of campers and staff	
Community Hall/Marae/Golf Club	Max. number of patrons	
Other	Max. number of staff, permanent or seasonal residents/guests	
*Include offices, media rooms		

		is 180 litres/person/day. If the volume stated in the above		
table is based on more or less than this default calculation, please provide details of the volume calculation below.				
What is the property's primary	water source? Please select all applicable			
What is the property's primary Reticulated supply	water source? Please select all applicable Private supply from bore	Other		

What type of treatment system will		
what type of treatment system will	l be used?	
Primary	Advanced secondary	
Secondary	Tertiary	
Who/what is the manufacturer, bra	and, and model:	
Who is the system installer?		
Has the system been accredited by	the Onsite Effluent Treatment National Testing Pro	gramme? YES NO
If yes, please state date of accredita	ation	
<b>-</b>		
Primary Ireatment (Only fill out this	s section if you are installing/have a primary treatment sy	stem)
	s section if you are installing/have a primary treatment sy and capacity (litres) of all septic tanks including type	
Please indicate below the number		
Please indicate below the number currently existing.	and capacity (litres) of all septic tanks including type	e (single/dual/grease traps) to be installed or
Please indicate below the number currently existing.	and capacity (litres) of all septic tanks including type	e (single/dual/grease traps) to be installed or
Please indicate below the number currently existing.	and capacity (litres) of all septic tanks including type  Type of tank	e (single/dual/grease traps) to be installed or  Capacity of tank (litres)
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Please indicate below the number currently existing.	Type of tank  TOTAL CAPACITY	e (single/dual/grease traps) to be installed or  Capacity of tank (litres)
Please indicate below the number of currently existing.  Number of tanks	Type of tank  TOTAL CAPACITY	e (single/dual/grease traps) to be installed or  Capacity of tank (litres)

**TREATMENT SYSTEM** 

 $\textbf{Secondary and Tertiary Treatment} \hspace{0.2cm} \textbf{(Only fill out this section if you are installing/have a Secondary/Tertiary system)} \\$ 

Please indicate the type of additional treatment, if any, proposed to be installed in the system (please tick).

Secondary treatment	Please tick	Working capacity (litres)	Total capacity (litres)
Home aeration plant			
Commercial aeration plant			
Intermittent sand filter			
Recirculating textile filter			
Clarification tank			
Tertiary treatment			
Ultraviolet disinfection			
Chlorination			
Other (please specify)			

DISPOSAL METHOD					
Please indicate the proposed loading	Please indicate the proposed loading method (Please select one)				
Gravity Pump [	Dosing siphon				
Make	Capacitylit	tres/minute			
Is a high and low water level alarm bei	ing installed in all pump chambers?	YES NO			
Please identify the type/s of disposal i	method proposed for this site.				
Surface dripper irrigation	LPED shallow trench	Other, please specify			
Subsurface dripper irrigation	Wisconsin mound				
Standard trench	Evapotranspiration beds				
Define the dimensions of the land tree	atment field on the APPLICABLE SYST	TEM DIAGRAM.  Ground Level			
a) A	→○ ←	b)			
a) Depth below ground level b) Spacing between distribution pipes Lineal length of distribution pipes Make of emitters Emitter spacing	mm				

Trench/Bed Field **Ground Level** c) **†** ① a) e) **→** b) Is it a trench or a bed? a) Depth of trench / bed \_\_\_\_\_\_mm b) Width of trench / bed \_\_\_\_\_mm c) Spacing between distribution pipes \_\_\_\_\_\_mm d) Depth of distribution pipes below ground level \_\_\_\_\_mm e) Distance from pipe to bottom of trench / bed \_\_\_\_\_\_mm f) Distance between adjacent trench walls \_\_\_\_\_\_mm g) Size of pipe \_\_\_\_\_mm Length of trench / bed \_\_\_\_\_mm Depth of aggregate in trench / bed \_\_\_\_\_mm Number of trenches \_\_\_\_\_\_ Number of distribution pipes within bed \_\_\_\_\_\_ Raised Bed Field **Ground Level** a) Height bed raised above ground level .....mm b) Space between distribution pipes and original ground level \_\_\_\_\_mm c) Distance between distribution pipes and top of bed \_\_\_\_\_mm d) Spacing between distribution pipes \_\_\_\_\_mm e) Number of distribution pipes within bed \_\_\_\_\_\_ Please identify the loading rate you propose for the option selected above, stating the reasons for selecting this loading rate. Loading rate litres/m²/day Land application area: Basal m<sup>2</sup> OR Areal m<sup>2</sup> **Explanation** Please refer to Chapter 6 of the Manual for On-site Wastewater Systems Design and Management (Horizons Regional Council 2010) for recommended calculation methods

What is the proposed reserve wastewater disposal area? m<sup>2</sup>

### **RULE 14-15 ASSESSMENT**

Please ensure that your proposal is not a permitted activity under Rules 14-13 or 14-14. If you are applying for a consent for your activity it is because the proposed on-site wastewater treatment and disposal system does not comply with one or more of the conditions of Rules

14-13 or 14-14. To determine if your application will be assessed as a Restricted Discretionary Activity (Rule 14-15) or a Discretionary Activity (Rule 14-30) we need to understand if the discharge meets all of the conditions of Rule 14-15.

### Rule 14-15

The discharge^ of domestic wastewater\* onto or into land^ pursuant to ss15 (1) or 15(2A) RMA and any ancillary discharge^ of contaminants^ into air pursuant to ss15(1) or 15(2A) RMA from an on-site wastewater treatment and disposal system that does not comply with one or more of the conditions^ of Rules 14-13 or 14-14.

Conditions/standards/terms	Yes/No/N/A	Explanation
The design flow must not exceed 6m <sup>3</sup> /d.		
The flow allowance used to calculate the system design flow must be no less than 145 litres per person per day where the water^ supply is provided by roof water^ collection, or no less than 180 litres per person per day for other sources of water^ supply.		
The discharge^ must consist only of contaminants^ normally associated with domestic sewage and greywater.		
The activity must not take place in any rare habitat*, threatened habitat* or at-risk habitat*.		
The activity must not be to any historic heritage identified in any district plan or regional plan.		

\*If the area where you are considering works contains or is adjacent to an area containing indigenous plant species (which may include scattered exotic species), coastal dunes, wetlands, tussock (unless red tussock regenerating through pasture dominated by exotic grass species), or a waterway, you may need further assistance. Please contact the Horizons consents team in the first instance or obtain advice from your own qualified ecologist as to whether it is considered an at-risk, rare or threatened habitat.

Further information on rare, threatened or at-risk habitats can also be found in Schedule F of the One Plan, which can be accessed via http://www.horizons.govt.nz/publications-feedback/one-plan/part-3-annexes/schedules

# **Activity Status**

- If you have met all of the above conditions/standards/terms your application is RESTRICTED DISCRETIONARY ACTIVITY, you can proceed to fill out this form to complete your application, including an appropriate Assessment of Environmental Effects.
- If you have not met one or more of the conditions/standards/terms above your application is a DISCRETIONARY ACTIVITY. You will need to ensure that the Assessment of Environmental Effects is appropriate to the scale of the non-compliance with the rules above. For further assistance you can contact a member of the consents team.
- An assessment of cultural effects will be required. This should be informed by [written] feedback from the relevant iwi and/or hapū. For indicative rohe and contact details of your local iwi and/or hapū please visit http://www.tkm.govt.nz/.



# ASSESSMENT OF ENVIRONMENTAL EFFECTS

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

Biochemical Oxygen Demand (BOD)	milligrams/Litre	Faecal coliforms	cfu/100 ml
Suspended solids			milligrams/Litre
Other effluent quality information/comme	nt		
How were the above results obtained?			
What effect will the discharge have on:			
<b>Soil</b> (Based on disposal system loading rate and p	roposed disposal method)		
Groundwater (Note separation distance betwee	on the base of the land applicati	ion system and the highest seasonal	aroundwater level)
diodridwater (Note separation distance betwee	т те баѕе от телапа аррпсан	on system and the highest seasonary	groundwater level)
Surface water (Note separation distances)			
Neighbouring properties (Note separation dis	stances, management of poten	tial odour)	
/egetation			
s the disposal system and discharge are	ea prone to flooding? (If so	o, describe how often and to what de	gree)
NB: The disposal system needs to be above the 1: 2 Horizons Regional Council may have existing flood		od risk assessment may not be require	ed for all proposed systems and

EFFECT ON STATUTORY ACKNOWLEDGMENTS
Is the activity on, adjacent to, or may affect land that is subject of a statutory acknowledgment?
List of statutory acknowledgments:
Ngāti Tūwharetoa (Bay of Plenty) Claims Settlement Act 2005
Ngaa Rauru Kiitahi Claims Settlement Act 2005
Ngāti Apa (North Island) Claims Settlement Act 2010
Rangitāne o Manawatu Claims Settlement Act 2016
Rangitāne Tū Mai Rā (Wairarapa Tamaki nui-ā-Rua) Claims Settlement Act 2017
Ngāti Rangi Claims Settlement Act 2019
Information on statutory acknowledgments can be found on the Horizons website: https://www.horizons.govt.nz/about-our-region-and-council/iwi-and-hapu
If yes, Council must have regard to the statutory acknowledgments. We recommend that applicants considering undertaking works that may affect a statutory acknowledgment make contact with local iwi and/or hapū before the lodgement of a consent application to determine if there are any effects on the statutory acknowledgment.
TE AWA TUPUA (WHANGANUI RIVER CLAIMS SETTLEMENT) ACT 2017

Please note that this covers a large area. If you are unsure, please contact the consents team.

If yes, the Whanganui River and its wider catchment is the subject of the Te Awa Tupua (Whanganui River Claims Settlement) Act 2017. Council must have regard to the values of Te Awa Tupua when making a decision on any application we receive (regardless of activity status). On that basis, we recommend that parties considering undertaking works within the Whanganui catchment make contact with Ngā Tāngata Tiaki o Whanganui and local iwi and/or hapū before lodgement of a consent application to confirm any

YES

TE WAIŪ-O-TE-IKA - WHANGAEHU RIVER (NGĀTI RANGI CLAIMS SETTLEMENT ACT 2019)

Are the proposed works in the Whanganui catchment?

Please note that this covers a large area. If you are unsure, please contact the consents team.

If yes, the Whangaehu River and its wider catchment is the subject of Te Waiū-o-Te-lka (Ngāti Rangi Claims Settlement Act 2019). Council must have regard to the values (Te Mana Tupua and Ngā Toka Tupua) of Te Waiū-o-Te-lka when making a decision on any application we receive (regardless of activity status). On that basis, we recommend that parties considering undertaking works within the Whangaehu catchment make contact with local iwi and/or hapū before lodgement of a consent application to confirm any requirements under Te Waiū-o-Te-lka and obtain feedback on the proposed works.



Are the proposed works in the Whanganui catchment?

requirements under Te Awa Tupua and obtain feedback on the proposed works.

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.	
Describe routine maintenance and inspections that will be carried out concerning the treatment and disposal system.	
How will the treatment and disposal system be managed to ensure the maximum treatment efficiency?	
Is any monitoring of the discharge, and its impact upon groundwater (or nearby surface water) carried out (or intended to be carried out). If yes, please outline the programme (for example, what measured, where, how often).	
What procedures/methods (other than treatment) have been adopted/put in place, to minimise the volume of discharge (for example, dual flush toilets, water saving devices)?	

14	CONCIDEDATION OF ALTERNATIVES

What alternative methods of treating and/or discharging the effluent were considered?

**GOOD MANAGEMENT PRACTICES AND MITIGATION MEASURES** 

# **NATIONAL ENVIRONMENTAL STANDARDS**

NATIONAL ENVIRONMENTAL STANDARD 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 who might be affected by the activity. 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.

16	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 5 (Water) are relevant to this application.
Is the activity consistent with the relevant provisions of the Regional Policy Statement?
Please provide reasons for your answer above
Please list any other relevant objectives and/or policies of the Regional Policy Statement and provide an assessment of the activity against those objectives and/or policies.
<b>REGIONAL PLAN ASSESSMENT</b> Objective 14-1 and Policy 14-2, 14-3, 14-4 and 14-9 of Chapter 14 of the Regional Plan are relevant to this application.
Is the activity consistent with the relevant provisions of the Regional Plan?
Please provide reasons for your answer above
If there are any other sections of the One Plan or any national planning documents (e.g. NZ Coastal Policy Statement) that you consider relevant, please provide an assessment of the activity against those relevant objectives/policies of the One Plan and/or national document.



# ADDITIONAL INFORMATION REQUIRED WITH THIS FORM

Completed administration form (Form A)

A SITE plan to scale showing:

### Property

Boundary dimensions, basic house floor plan and any other structures, driveways, retaining walls, stands of trees, slope, angle and direction and slope breaks.

### Treatment plant

Location, distance from land treatment field, distance from dwelling/s.

### · Land treatment field

Location, area, dimensions, distance from boundaries, location of effluent lines, distance between effluent lines and location of all investigation boreholes or testpits.

### Reserve area

Location, area, dimensions, distance from boundaries

### Stormwater

Location of discharge, distance from land treatment field, distance from reserve area

### Bore (if relevant)

Location, distance to land treatment field and distance to reserve area

### • Surface water body (if relevant)

Name & location, distance to land treatment field, distance to reserve area

### · Rare, threatened or at-risk habitats (if relevant)

Location, distance to land treatment field and reserve area.

A signed copy of the contract with the service provider

Certificate of title

Photographs of the soil profile from the site assessment

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

