



Application for Consent to
Discharge Trade Waste
(Pursuant to the Rodney
District Council Bylaw 2004)

Consent Form 1 - Classification (B)
Consent Application for New and Ongoing Trade Waste Discharge

CONTROLLED TRADE WASTE (DENTISTS)

1. Company Name: _____

2. Street Address of Trade Premises: _____

3. Postal Address: _____

4. Telephone: _____ Fax: _____ Email: _____

5. Contact for Trade Waste Queries:

Name: _____
(title) (first name) (surname) (position)

Telephone: _____ Fax: _____ Email: _____

For Official Use Only

Date Received	Application No.	Assessment No.

6. Owner of Property: _____

Telephone: _____

7. Address of Property Owner: _____

8. Council Rates Number: _____

9. Name of Occupier/Employee Authorised to Sign Application:

10. Position of Occupier or Authorised Employee: _____

11. This Application Relates to:

- (a) A new discharge consent
- (b) Renewal of an existing consent
- (c) Variation to an existing consent
- (d) A current discharge without a consent

Tick Box

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Consent No. _____

Consent No. _____

12. Describe the main activity carried out on site that generates trade waste:

13. Please list each specific process which generates trade wastes (e.g. chemiclave, x-ray wastes etc.):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

14. Do you have an amalgam trap or similar device? (e.g. amalgam separator, vacuum pump filter etc.):

Yes No

If yes, please specify type: _____

15. Are chair-side (primary) traps used?

Yes No

If Yes, what is the mesh size of the trap: _____ Mesh size

16. If you have an amalgam trap/separator or similar device, is the amalgam waste collected by a recognised company for off-site disposal?

Yes No

17. If yes, please state which waste disposal company is used and frequency of collection.

Company: _____

Frequency : Weekly Monthly Yearly

18. Is the amalgam trap or similar device cleaned out and serviced on a regular basis?

Yes No

19. Council may require verification that your pre-treatment system (amalgam trap or similar device) is cleaned and maintained on a regular basis.

Is verification of cleaning available (e.g. receipt from waste disposal company)?

Yes No

If yes, please attach a copy.

20. X-Ray Processing

Is used "fixer" from x-ray processing contained and removed off site?

Yes No

If No, how is "fixer" disposed of? _____

21. Do you store, use or generate any of the substances defined as **controlled substances** (Schedule 5) in the Rodney District Trade Waste Bylaw (this includes any chemicals which are similar in generic type and toxicity, e.g. chemiclave/chemical sterilant solutions or heavy metals etc.) that could result in discharges above the stated limits?

Yes No

If Yes, please list: _____

22. Please provide material safety data sheets (MSDS) for all substances/chemicals, which have been identified from question 19.

23. Is an approved back flow prevention device installed on your site?

Yes No

If yes, please give details of type, location, date of annual Building Warrant of Fitness (WOF).

Note: The testing of automatic backflow protection devices is mandatory to comply with the Building Act 1991

Backflow Prevention

Note: Backflow occurs when pressure drops or increases in a water supply system and allows water to flow backwards into the water supply. If there is a risk of contamination, an approved backflow prevention device is required to be fitted to ensure that all end users are protected against contaminated water. Should any contamination of the supply occur from activities within your site, your business may be liable for any cost involved to remedy the situation.

24. I declare that the foregoing information is correct to the best of my knowledge.

Date: _____

Occupier/Authorised Employee

Return to: Philip du Plooy
Senior Compliance Engineer
Water Services Unit
Rodney District Council
Private Bag 500
50 Centerway Road
OREWA

For further advice or information please call Philip du Plooy

Phone: 0800 426 5169