Hastings District Council 207 Lyndon Rd East, Hastings 4122 Private Bag 9002, Hastings 4156 Telephone 871 5000

Name of occupier:

The applicant (the occupier of the premises)



Application for approval to discharge controlled stormwater

Physical address of premises:				
Postal address (if different from above):				
		Post code:		
Phone no:				
Contact datails for the marses were	nanina this annliastian			
Contact details for the person mar	naging this application			
Email:				
Phone no:		Mobile no:		
Priorie no.		Widdle IId.		
Contact person for compliance and	d related matters (ongoi	ing)		
Name:				
Position:				
Email:		Mobile no:		
This condition is for:				
This application is for:				
New discharge				
Existing discharge for which no Approval exists				
Renewal or change to existing Appro	oval			
The business activity				
Description of the main activity (for example: Engineering Workshop, Vehicle Dismantling, Produce Processing etc.)				
The state of the s				
Other decumentation require	ad with this application	an an		
Other documentation required with this application A current site plan is required with all applications.				
The site plan, a CAD drawing or similar, shall show all the Stormwater reticulation, sumps, swales, treatment devices, isolation				
and bypass valves (if any) as at the time of this application and clearly show the following;				
Point Of Discharge for Stormwater, Domestic Waste and Trade Waste (where those connect to Council system)				
Domestic sewer system				
Trade Waste drains (if any)				
All on-site Stormwater detention faciliti	ies, screening equipment and	or pre-treatment devices		
Stormwater Sampling Point(s)				
Any conductivity/sensitivity meters				
All chemical storage, processing and other high risk areas and any associated containment/bunding				
Loading/unloading areas				
Location of emergency spill kits/devices				
Specific site activities				
Visitor/staff car parking				

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Site Specific Stormwater Management Plan

A Site Specific Stormwater Management Plan must be provided with all applications; it must include and clearly describe the following:

Assessment of risk areas				
The process for on-site detention, screening and/or pre-treatment to remove contaminants				
How the rate of discharge is controlled to ensure compliance with the maximum allowed (if applicable)				
A copy of the site audit carried out to identify potential sources of Stormwater contamination				
The process for monitoring the quality of the Stormwater discharge				
Any results available from Stormwater sampling or sensitivity meter readings (from the discharge this application is for)				
The contingency plans/procedures that are in place to deal with potential contamination				
How spill containment and clean-up will be managed in an emergency				
The emergency spill devices available on site and how staff are trained in their use				
A management and maintenance plan for the on-site Stormwater system, devices and equipment				
Containment valve(s) prior to discharge to the stormwater network				
Health and Safety Procedures for Council Officers when entering the premises				
(Please specify)				
A!:				
Applicant's signature				
Name:	Position:			
1. I am authorised to make this application.				
2. All the information contained in this application is true and correct.				
Signature:	Date:			
Signature:	Date:			