



# Stormwater Device Information FORM

OFFICE USE ONLY	Storm Water Number:	Date:	Fee:
-----------------	---------------------	-------	------

## Important Information

All stormwater connections to the Council's stormwater network must comply with Chapter 15, Part 4 (Water Services, Stormwater) of the Timaru District Council By-Law.

- **All applicants must include the following:**
  1. A Site Plan showing the location of your treatment device.
  2. Service Contracts for on-site treatment apparatus,
- If your activity is identified in Schedule 3 – Hazardous Industries and Activities or the site involves the use, storage or disposal of hazardous substances as defined in Schedule 4 – Hazardous Substances of the Canterbury Land and Water Regional Plan, stormwater management and treatment prior to discharging to the public stormwater network is necessary and must be provided with this application.
- Prior to any discharge being made from any commercial/industrial premise to Timaru District Council's Stormwater system, a Services Consent Application Form must be lodged and written consent received from the Timaru District Council.
- Incomplete Stormwater Device Information Forms will not be processed.

If you still have any questions concerning this document, please contact the Timaru District Council on: (03) 687-7200.

## Official Information

*Your information will be held and administered by Timaru District Council in accordance with the Local Official Information and Meetings Act 1987 and the Privacy Act 1993. Your information may have to be disclosed in accordance with the terms of these Acts. It is therefore important you advise the Council if your application includes trade secrets and/or commercially sensitive material in order that this information is not disclosed.*

### 1. Provide the following information about the site from which the stormwater will be discharged.

Street No.    Street Name

--	--

Suburb

Town

### 2. Who is the occupier or operator of the site from which stormwater will be discharged?

Business Trading Name

--

Company Name or Registered Business Owner(s) Full Name(s)

--

Company's Registered Address

--

Address for Correspondence

--

--

Phone

E mail

--	--

# Stormwater Device Information FORM

**3. Who is the owner of the site from which stormwater will be discharged?**

Business Trading Name

Company Name or Registered Business Owner(s) Full Name

Company's Registered Address

Address for Service

**4. Who is the person responsible for Stormwater management at this site?**

Name (Mr / Mrs / Miss / Ms)

Position

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Phone

A/H Phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Facsimile

Mobile Phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

E-mail Address

**5. Describe the type of business carried out on site**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**6. Is your activity identified in Schedule 3 – Hazardous Industries and Activities of the Canterbury Land and Water Regional Plan?**

Yes

No

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**7. Does the site involve the use, storage or disposal of hazardous substances as defined in Schedule 4 – Hazardous Substances of the Canterbury Land and Water Regional Plan?**

Yes

No

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**8. Please provide a description and details of the stormwater management for the site including the make and model of any-treatment device (if applicable)**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

# Stormwater Device Information FORM

9. Please Indicate the Part Number and quantity required of any filter mediums that will require replacing (if Applicable).

Part Description	
Part Number	
Quantity Required	

10. Please provide a copy of your Service Contract. Service contracts are mandatory for grease traps, oil interceptors and stormwater treatment devices. *Minimum service is yearly for most stormwater devices.*  
*(for a list of approved suppliers please contact Timaru District Council)*

11. This application must be signed below by a person who has the authority both to make the statements set out above and to give the following undertaking.

- I undertake to Timaru District Council that I have the authority to make the statements set out above.
- All information within this application is true and correct

<b>Signature of the Occupier</b>	<b>Position</b>	<b>Date (dd/mm/yy)</b> / /
<b>Print Name</b>		

This form, together with the other documents detailed under “Important Information” on the front page, can be either mailed to:

**Trade Waste Officer  
 Timaru District Council  
 P.O. Box 522  
 Timaru**

Or delivered in person to:  
**Timaru District Council, King George Place, Timaru**