



Stormwater Device Information FORM

Office use only	Stormwater Register Number:	Date:	Fee:
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Important Information

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

- A. **All** applicants must include the following:
 - 1. A Site Plan showing the location of your stormwater device.
 - 2. Maintenance manual for the onsite stormwater management system
 - 3. Service Contracts for on-site treatment devices (if Applicable)
 - B. Annual maintenance/inspection report or proof of functionality will be required.
 - C. 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 treatment prior to discharging to the public stormwater network is necessary.
 - D. Prior to discharge being made from any 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.
 - E. 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. Applicant details

1.1 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

Stormwater Device Information FORM

Address for Service

Phone

Email

<input type="text"/>	<input type="text"/>
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1.2 Contact information about the person responsible for Stormwater management at this site. (if is different from owner)

Name (Mr / Mrs / Miss / Ms)

Position

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

A/H Phone

<input type="text"/>	<input type="text"/>
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E-mail Address

Mobile Phone

<input type="text"/>	<input type="text"/>
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1.3 Contact Information of the occupier or operator of the site from which stormwater will be discharged. (if is different from owner)

Business Trading Name

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

Company's Registered Address

Address for Correspondence

Phone

Email

<input type="text"/>	<input type="text"/>
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2. Description of the stormwater device

2.1 Location of the site from which the stormwater will be discharged.

Street No. Street Name

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

Town

2.2 How many stormwater management device do you have in this site?

Stormwater Device Information FORM

2.3 Please provide a description and details of the stormwater management for the site including the Type, make and model of any stormwater management device.

Device 1

Function Type	<input type="checkbox"/> Treatment <input type="checkbox"/> Attenuation <input type="checkbox"/> Retention (Reuse)
How many of these	
Device Type	<input type="checkbox"/> Swale <input type="checkbox"/> Filter <input type="checkbox"/> Bio retention <input type="checkbox"/> Filter Strip <input type="checkbox"/> Rain garden <input type="checkbox"/> Sand filter <input type="checkbox"/> Tree pit <input type="checkbox"/> Infiltration device <input type="checkbox"/> Ponds <input type="checkbox"/> Wetland <input type="checkbox"/> Green roof <input type="checkbox"/> Water tank <input type="checkbox"/> Oil water separator <input type="checkbox"/> Others _____
Make/ Model	
Storage Capacity	
Date of Installation	
Maintenance frequency	
Description	

Device 2 (if any)

Function Type	<input type="checkbox"/> Treatment <input type="checkbox"/> Attenuation <input type="checkbox"/> Retention (Reuse)
How many of these	
Device Type	<input type="checkbox"/> Swale <input type="checkbox"/> Filter <input type="checkbox"/> Bio retention <input type="checkbox"/> Filter Strip <input type="checkbox"/> Rain garden <input type="checkbox"/> Sand filter <input type="checkbox"/> Tree pit <input type="checkbox"/> Infiltration device <input type="checkbox"/> Ponds <input type="checkbox"/> Wetland <input type="checkbox"/> Green roof <input type="checkbox"/> Water tank <input type="checkbox"/> Oil water separator <input type="checkbox"/> Others _____
Make/ Model	
Storage Capacity	
Date of Installation	
Maintenance frequency	
Description	

Stormwater Device Information FORM

You will be required to provide a copy of the annual maintenance/inspection report or proof of the stormwater device.

4.1 Contact information of the maintenance service provider or inspector.

Name	Company
Phone	Email

4.2 Please provide a copy of the required maintenance information or manual for the stormwater management device. If not provided to you, contact the supplier or installer for this information as it is important you are aware of the maintenance requirement for the device installed on your property.

4.3 If using a Service Contractor, please provide a copy of your Service Contract. Service contracts are mandatory for oil water separator and some proprietary stormwater treatment devices. (for a list of approved suppliers please contact Timaru District Council)

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

Signature	Position	Date (dd/mm/yy) / /
Print Name		

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

**Stormwater Engineer
Timaru District Council
P.O. Box 522
Timaru**

Or delivered in person to:

Timaru District Council, King George Place, Timaru