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| **Part B**  **Assessment of Environmental Effects –**  Discharge Treated Sewage Effluent to Land | M:\Community Relations\All Staff - Communication resources\NRC logos for general use\NRC logo (full colour).png  Whangārei Office Phone: 09 470 1200  Fax: 09 470 1202  Kaitāia Office Phone: 09 408 6600  Waipapa Office Phone: 09 470 1200  Ōpua Office Phone: 09 402 7516  Dargaville Office Phone: 09 439 3300  Free Phone 0800 002 004  Email mailroom@nrc.govt.nz  Website www.nrc.govt.nz |
| **This application is made under section 88/section 127 of the Resource Management Act 1991** | To: Consents Department  Northland Regional Council  Private Bag 9021  Whangārei Mail Centre  Whangārei 0148 |

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| PART B – ASSESSMENT OF ENVIRONMENTAL EFFECTS |
| Your application must include an Assessment of Effects on the Environment. This form is a guide to help you prepare one.  An assessment of effects is required so that you and others can understand what happens to the environment when you discharge domestic wastewater (“treated sewage effluent”) to land. This will help you to propose ways to minimise those effects to the council’s satisfaction.  The degree of detail required is in proportion to the scale of the environmental effects of your proposal. If you are required to apply for a consent to discharge sewage effluent into or onto land, then you will most probably need a qualified engineer (or similar) to design your on-site system. The information requested below is the minimum detail that your engineer must supply.  Please note that the word *“environment”* includes the surrounding waterways and groundwater, surrounding coastal water, adjoining land, any surrounding resource users, and local iwi.  It is advised that you make an appointment with an appropriate council officer to discuss your application prior to lodging it. This will help you to supply all the required information at the onset and ensure the efficient processing of your application. |

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| A. | Description of the Proposed Activity |

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| **A.1** **What is the intended water supply?**  Rainwater collection  Community or bore water supply | |
| Other *(please specify)*: |  |

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| **A.2** **What is the source of the wastewater?** *(please tick the appropriate box and answer those questions)*  **Domestic House** | | | |
| How many bedrooms are there in the house? | |  | |
| Will the house be permanently occupied?  Yes  No | | | |
| **Small Motel/Campground/Hostel/Marae/Sports Club** | | | |
| What is the maximum number of occupants that your facility can accommodate? | |  | |
| How frequently does this maximum occupancy occur and for what length of time? | |  | |
| What is the typical number of occupants during the other periods of the year? | |  | |
| **Shared On-site Systems/Subdivisions** | | | |
| How many individual lots are/will the treatment and disposal system be servicing? | |  | |
| What will be the average number of bedrooms per house? | |  | |
| What is the area of the lot on which the discharge will occur? | |  | m² |
| **Other**  Provide details of the source of effluent, the number of persons contributing to the wastewater and the source of water supply for the facility. | | | |
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| **A.3** **What is the likely maximum daily volume of wastewater to be discharged?** |  | litres |

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| The Wastewater Treatment System | | | |
| **A.4 What is your Proposed Wastewater Treatment System?**  *(please tick appropriate box and answer the associated questions)* | | | |
| **Septic Tank** | | | |
| What is the capacity of the tank? | |  | litres |
| Will an effluent filter be fitted on the outlet? | | Yes  No | |
| **Aerated Wastewater Treatment System (AWTS)** | |  | |
| What brand is the AWTS? | |  | |
| Will a programmed maintenance contract be entered into with the treatment systems manufacturer or agent? | | Yes  No | |
| **Other,** what level of treatment do you consider the wastewater receives through your *“other”* treatment system?  Primary  Secondary  Describe the proposed *“other”* treatment system | | | |
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| The Wastewater Disposal System | | | | |
| **A.5 What is your proposed disposal system?** *(please tick the appropriate box and answer the associated questions)* | | | | |
| **Soakage Trench/Bed System**  What are the dimensions of the proposed soakage trenches/beds? | | |  | |
| Width | | |  | m |
| Depth | | |  | m |
| What is the total length of all the soakage trenches/beds? | | |  | m |
| How will the soakage trench/bed system be loaded?  Trickle  Pump  Dose loaded via a syphon | | |  | |
| Has a 100% reserve area of undeveloped land been allowed for in the disposal system design?  Yes  No, what percentage has been allowed for and why? | | | | |
|  | |  | | |
| What is the proposed loading rate to the trenches/beds? | | |  | mm/day |
| **Irrigation Lines** | | | | |
| What area will the irrigation lines cover? | | |  | m² |
| What is the distance between adjacent irrigation lines? | | |  | m |
| What is the distance between adjacent drip emitters along the irrigation line? | | |  | m |
| What brand is the irrigation line? | | |  |  |
| What is the proposed aerial loading rate to the disposal area? | | |  | mm/day |
| Has a 30% reserve area of undeveloped land been allowed for in the disposal system design?  Yes  No, what percentage has been allowed for and why? | | | | |
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| **Other** *(please describe)* | | | | |
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| **A.6 What is the intended ground cover within the disposal area after the disposal system is operational?**  *(i.e. what plant species do you intend to plant, if any)* | |
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| B. | Site Details |

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| **B.1** You **must** attach a map that shows the following:  The location of your lot in relation to the nearest town.  The legal property boundaries of your lot and the distance of your disposal system (including reserve area) from those boundaries.  The layout of your disposal system (including reserve area) within your lot boundaries.  The location of any groundwater bores within 20 metres of your disposal system (including reserve area).  The location of any surface water (i.e. streams, roadside drains, lakes and rivers) within 20 metres of your disposal system (including reserve area). |

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| **B.2 What is the map reference of the proposed disposal system?**  *(if known)*  NZMS 260 Series map number: | | | |
|  | Easting |  | (seven digit number) |
|  | Northing |  | (seven digit number) |

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| **B.3 Which District Council is the property administered under?**  Kaipara  Far North  Whangārei |

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| **B.4 What is the slope of the proposed disposal area?**  Flat  Slightly sloping (5°-15°)  Steep (>15°) |

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| **B.5 Are any drainage controls required?**  Yes, describe | |
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| No, state why not | |
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| **B.6 Was a soakage test (percolation test) performed at the location of the proposed disposal system?** *(please tick the appropriate box and answer those questions)*  Yes | | | | |
| What was the date of the test? | | |  | |
| What were the weather conditions prior to the soakage test? | | |  | |
| What is the average soakage rate of the disposal area?  *(please ensure the individual soakage test results are included with this application)* | | |  | mm/hr |
| Are the locations of the soakage tests marked on the map that shows the layout of the disposal system? | | | | |
| Yes  No, state why not | | | | |
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| No, what are the reasons for not performing a soakage test? | | | | |
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| **B.7 Was any groundwater encountered during the site investigation?** | | | |
|  | No  Yes, at what depth? |  | metres |

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| **B.8** **What is the estimated winter groundwater level for the disposal area?** | |  | metres |
| How was this winter groundwater level determined? | | | |
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| **B.9 Has a detailed soil profile been included with this application form?**  Yes | |
| No, state why not |  |

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| **B.10 What is the estimated soil category of the disposal area?**  1: Gravel and sands, Rapidly draining  2: Sandy loams, Well drained  3: Loams, Moderately well drained  4: Clay loams, Imperfectly drained  5: Light clays, Poorly drained  6: Medium to heavy clays, Very poorly drained |

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| Please state the criteria used for selecting the above soil category? | |
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| C. | Assessment of Effects on the Environment |

An assessment of effects should be proportional to the scale and significance of the proposed activity. Where your discharge could have an adverse effect on the environment, a detailed environmental assessment is required.

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| **C.1 Affected Parties**  *Note: If you are proposing to dispose of your wastewater using a deep soakage system the determination of affected parties can be more complex, especially with relation to groundwater users. It is recommended that you contact the council to help determine who the affected parties from your proposal may be.*  **Are there any groundwater bores within 20 metres of any part of the disposal system (including reserve area) that are not owned by the applicant?**  Yes  No  If you have answered **Yes** then you will need to gain the written approvals of all the owners of neighbouring groundwater bores identified by the above question.  If written approvals cannot be obtained from all affected parties, describe what effect your discharge may have on the neighbouring groundwater bore and the steps you propose to take to minimise (i.e. mitigate) these effects *(attach a separate sheet if necessary)* | |
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| **C.2 Given the estimated winter groundwater level (see Question B8) and your proposed treatment and disposal system, what is the risk of groundwater contamination occurring and why?** | |
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| **C.3 What is the smallest horizontal separation distance between the disposal system (including reserve area) and any nearby watercourse, including roadside water table drains?** | | |
|  |  | metres |

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| **C.4 Given the smallest horizontal separation distance to the nearest surface watercourse and your proposed treatment and disposal system (including reserve area), what is the risk of surface water contamination occurring and why?** | |
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| **C.5 Consultation** | | | | |
|  | Have you consulted with any of the following potentially affected parties: | |  |  |
|  |  | | **Yes** | **No** |
|  | Neighbours | |  |  |
|  | Department of Conservation *(if relevant)* | |  |  |
|  | Fish and Game Council *(if relevant)* | |  |  |
|  | District Council *(if relevant)* | |  |  |
|  | Local iwi *(specify)*: |  |  |  |
|  | Other *(specify)*: |  |  |  |

***Please ensure all of the relevant questions on this form have been answered fully.***

***If you have any queries relating to information requirements or wish to meet with a council consents officer, please contact the Northland Regional Council.***

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| Northland Regional Council offices: | | | | |
| Whangārei Office | Dargaville Office | Kaitāia Office | Waipapa Office | Ōpua Office |
| 36 Water Street  Whangārei 0110  Phone: 09 470 1200  or 0800 002 004  Fax: 09 470 1202  mailroom@nrc.govt.nz  www.nrc.govt.nz | 42 Hokianga Road  Dargaville 0310  Phone: 09 439 3300 | 192 Commerce Street  Kaitāia 0410  Phone: 09 408 6600 | Shop 9  12 Klinac Lane  Waipapa 0295  Phone: 09 470 1200  or 0800 002 004  Fax: 09 470 1202 | Unit 10  Industrial Marine Park  Ōpua 0200  Phone: 09 402 7516 |