

# Application for Resource Consent: Onsite Wastewater

## Form B: Activity Information and Assessment Form

A complete Administration Form (Form A) MUST accompany this Activity Information and Assessment Form (Form B) when lodging your application. The purpose of this form is to provide the applicant with guidance on information that is required under

the Resource Management Act 1991. These forms are to act as a guide only, and Horizons Regional Council reserves the right to request additional information.

**APPLICANT NAME** .....  
(Refer to Form A)

### 1 APPLICATION PURPOSE

What is the purpose of this application (select one)

New consent

Renewal of consent

Consent number ..... Expiry date .....

Is this an application for an existing, upgraded or new system?  Existing  Upgrade  New

What is the total area of the property ..... m<sup>2</sup>

Consent term sought .....  
(Max. 35 years)

Note: Resource consents are typically aligned with the relevant common catchment expiry dates in Policy 12-5 of the One Plan.

### 2 LOCATION

Location of the proposed discharge .....

Address .....

Map reference (NZTM 2000) E..... N.....

Legal description .....

*Certificate of Title and a detailed site map is required with this application, please see Section 14 - additional information required.*

### 3 SITE CHARACTERISTICS

**Provide descriptive details below.**

Vegetation cover

Topography/slope

General land stability of the property (including a description of any previous fill in the vicinity of the proposed soakage field)

Site constraints (e.g. gullies, retaining walls, ponds, tile drains etc.)

**Site clearances** (which should be also shown on the site plan)

Separation distance from	Treatment plant separation distance (m)	Disposal field separation distance (m)
Boundaries		
Surface water (incl. drains etc.)		
Stands of trees/shrubs		
Wells, water bores		
Embankments/retaining walls		
Buildings		
Other (specify)		

YES  NO

*\*(As defined in Schedule F of the One Plan)*

**SITE ASSESSMENT**

All site assessments are to include a detailed assessment of the soils that underlay the proposed land application area. The assessment shall be by test pit or, where this is impractical, by hand auger borehole. The subsurface assessment should be to a depth of at least 1-2 metres, or at the minimum recommended groundwater separation

distance between the case of the land application system and any groundwater table (see Table 2.2 in the Manual for On-site Wastewater Systems Design and Management (Horizons Regional Council 2010). **Photographs are also needed of the soil profile.**

Who carried out the site assessment?

Date and Time .....

What was the weather preceding and at time of assessment? .....

Describe the soils and subsoils of the land treatment field and their characteristics (e.g. depth of topsoil, colour, texture, structure, comment on soakage ability) *Please provide photos of the soil profile with the application*

Based on results of the subsoil investigation above, please indicate the disposal field soil category

Is topsoil present?  YES  NO

Is so, what is the topsoil depth? ..... m

Soil Category	Description	Drainage	Tick
1	Gravel, coarse sand	Rapid draining	<input type="checkbox"/>
2	Coarse to medium sand	Free draining	<input type="checkbox"/>
3	Medium-fine and loamy sand	Good drainage	<input type="checkbox"/>
4	Sandy loam, loam and silt loam	Moderate drainage	<input type="checkbox"/>
5	Sandy clay-loam, clay loam and silty clay-loam	Moderate to slow drainage	<input type="checkbox"/>
6	Sandy silt, non-swelling clay and silty clay	Slow draining	<input type="checkbox"/>
7	Swelling silt, grey clay, hardpan	Poorly or non-draining	<input type="checkbox"/>

Are surface water interception drains required?  YES  NO

*If 'Yes', please show in site plan*

Please state the depth of the seasonal water table:

Winter .....m Summer .....m

Was this  Measured  Estimated

**5 DESCRIPTION OF PROPOSED ACTIVITY**

Volume of the discharge. Note: Horizons default calculation for discharge volume is 180 litres/person/day.

Activity type	Size	Maximum daily discharge (m <sup>3</sup> )
Private House	Number of bedrooms* .....	
Motel/Hotel	Max. number of guests and staff .....	
Café/Restaurant/Winery	Max. number of patrons and staff .....	
School	Max. number of pupils and staff .....	
Camping Ground	Max. number of campers and staff .....	
Community Hall/Marae/Golf Club	Max. number of patrons .....	
Other	Max. number of staff, permanent or seasonal residents/guests .....	

\*Include offices, media rooms

Horizons Regional Council’s default calculation for discharge volume is 180 litres/person/day. If the volume stated in the above table is based on more or less than this default calculation, please provide details of the volume calculation below.

What is the property’s primary water source? *Please select all applicable*

- Reticulated supply       Private supply from bore       Other
- Trickle feed       Onsite roof tank supply

What type of treatment system will be used?

Primary

Advanced secondary

Secondary

Tertiary

Who/what is the manufacturer, brand, and model:

Who is the system installer?

Has the system been accredited by the Onsite Effluent Treatment National Testing Programme?  **YES**  **NO**

If yes, please state date of accreditation .....

**Primary Treatment** (Only fill out this section if you are installing/have a primary treatment system)

Please indicate below the number and capacity (litres) of all septic tanks including type (single/dual/grease traps) to be installed or currently existing.

Number of tanks	Type of tank	Capacity of tank (litres)

TOTAL CAPACITY .....

Is a septic tank effluent outlet filter to be installed?  **YES**  **NO**

If 'Yes', please state the type

**Secondary and Tertiary Treatment** (Only fill out this section if you are installing/have a Secondary/Tertiary system)

Please indicate the type of additional treatment, if any, proposed to be installed in the system (please tick).

Secondary treatment	Please tick	Working capacity (litres)	Total capacity (litres)
Home aeration plant	<input type="checkbox"/>		
Commercial aeration plant	<input type="checkbox"/>		
Intermittent sand filter	<input type="checkbox"/>		
Recirculating textile filter	<input type="checkbox"/>		
Clarification tank	<input type="checkbox"/>		
<b>Tertiary treatment</b>			
Ultraviolet disinfection	<input type="checkbox"/>		
Chlorination	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		
.....			

**7 DISPOSAL METHOD**

Please indicate the proposed loading method (Please select one)

Gravity     Pump     Dosing siphon

Make ..... Capacity ..... litres/minute

Is a high and low water level alarm being installed in all pump chambers?     YES     NO

Please identify the type/s of disposal method proposed for this site.

Surface dripper irrigation     LPED shallow trench     Other, please specify .....

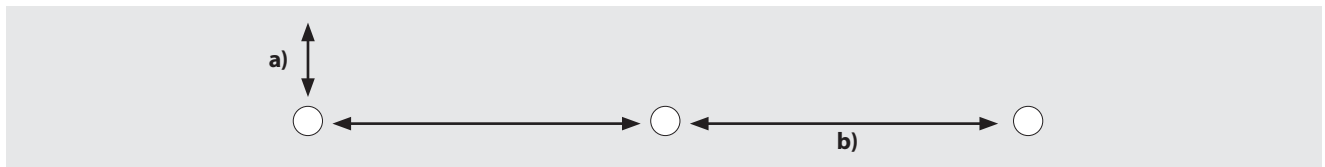
Subsurface dripper irrigation     Wisconsin mound

Standard trench     Evapotranspiration beds

Define the dimensions of the land treatment field on the APPLICABLE SYSTEM DIAGRAM.

**Dripline Field**

**Ground Level**



a) Depth below ground level ..... mm

b) Spacing between distribution pipes ..... mm

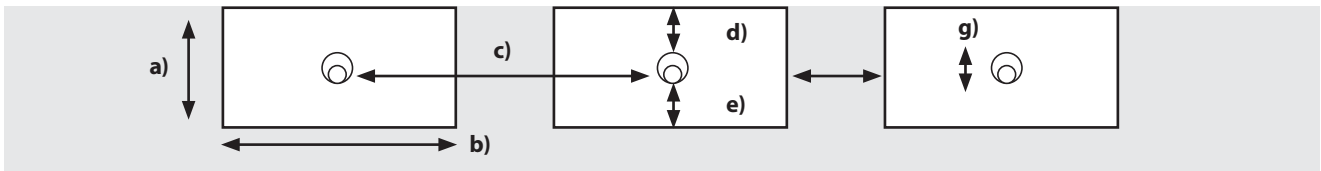
Lineal length of distribution pipes ..... m

Make of emitters .....

Emitter spacing ..... mm

**Trench/Bed Field**

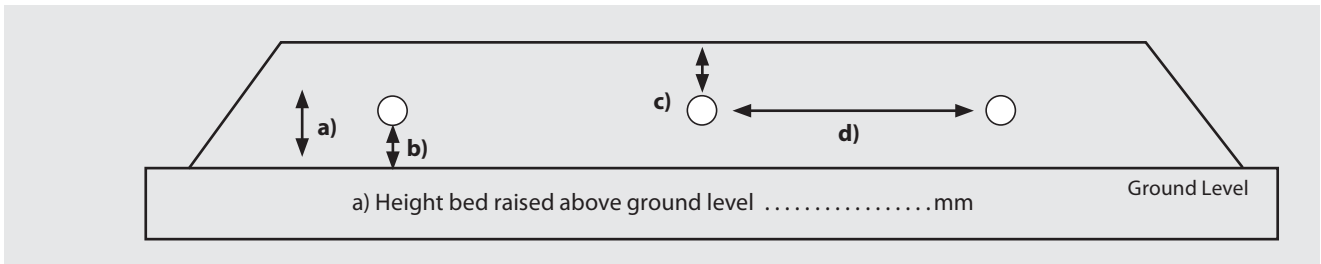
Ground Level



Is it a trench or a bed? .....

- a) Depth of trench / bed ..... mm
- b) Width of trench / bed ..... mm
- c) Spacing between distribution pipes ..... mm
- d) Depth of distribution pipes below ground level ..... mm
- e) Distance from pipe to bottom of trench / bed ..... mm
- f) Distance between adjacent trench walls ..... mm
- g) Size of pipe ..... mm
- Length of trench / bed ..... mm
- Depth of aggregate in trench / bed ..... mm
- Number of trenches .....
- Number of distribution pipes within bed .....

**Raised Bed Field**



- b) Space between distribution pipes and original ground level ..... mm
- c) Distance between distribution pipes and top of bed ..... mm
- d) Spacing between distribution pipes ..... mm
- e) Number of distribution pipes within bed .....

**Please identify the loading rate you propose for the option selected above, stating the reasons for selecting this loading rate.**

Loading rate ..... litres/m<sup>2</sup>/day  
 Land application area: Basal ..... m<sup>2</sup>  
 OR Areal ..... m<sup>2</sup>

**Explanation**

*Please refer to Chapter 6 of the Manual for On-site Wastewater Systems Design and Management (Horizons Regional Council 2010) for recommended calculation methods*

**What is the proposed reserve wastewater disposal area? ..... m<sup>2</sup>**

**RULE 14-15 ASSESSMENT**

Please ensure that your proposal is not a permitted activity under Rules 14-13 or 14-14. If you are applying for a consent for your activity it is because the proposed on-site wastewater treatment and disposal system does not comply with one or more of the conditions of Rules

14-13 or 14-14. To determine if your application will be assessed as a Restricted Discretionary Activity (Rule 14-15) or a Discretionary Activity (Rule 14-30) we need to understand if the discharge meets all of the conditions of Rule 14-15.

**Rule 14-15**

The discharge<sup>^</sup> of domestic wastewater\* onto or into land<sup>^</sup> pursuant to ss15 (1) or 15(2A) RMA and any ancillary discharge<sup>^</sup> of contaminants<sup>^</sup> into air pursuant to ss15(1) or 15(2A) RMA from an on-site wastewater treatment and disposal system that does not comply with one or more of the conditions<sup>^</sup> of Rules 14-13 or 14-14.

Conditions/standards/terms	Yes/No/N/A	Explanation
The design flow must not exceed 6m <sup>3</sup> /d.		
The flow allowance used to calculate the system design flow must be no less than 145 litres per person per day where the water <sup>^</sup> supply is provided by roof water <sup>^</sup> collection, or no less than 180 litres per person per day for other sources of water <sup>^</sup> supply.		
The discharge <sup>^</sup> must consist only of contaminants <sup>^</sup> normally associated with domestic sewage and greywater.		
The activity must not take place in any rare habitat*, threatened habitat* or at-risk habitat*.		
The activity must not be to any historic heritage <sup>^</sup> identified in any district plan <sup>^</sup> or regional plan <sup>^</sup> .		

*\*If the area where you are considering works contains or is adjacent to an area containing indigenous plant species (which may include scattered exotic species), coastal dunes, wetlands, tussock (unless red tussock regenerating through pasture dominated by exotic grass species), or a waterway, you may need further assistance. Please contact the Horizons consents team in the first instance or obtain advice from your own qualified ecologist as to whether it is considered an at-risk, rare or threatened habitat.*

**Further information on rare, threatened or at-risk habitats can also be found in Schedule F of the One Plan, which can be accessed via <http://www.horizons.govt.nz/publications-feedback/one-plan/part-3-annexes/schedules>**

**Activity Status**

- If you have met all of the above conditions/standards/terms your application is RESTRICTED DISCRETIONARY ACTIVITY, you can proceed to fill out this form to complete your application, including an appropriate Assessment of Environmental Effects.
- If you have not met one or more of the conditions/standards/terms above your application is a DISCRETIONARY ACTIVITY. You will need to ensure that the Assessment of Environmental Effects is appropriate to the scale of the non-compliance with the rules above. For further assistance you can contact a member of the consents team.
- An assessment of cultural effects will be required. This should be informed by [written] feedback from the relevant iwi and/or hapū. For indicative rohe and contact details of your local iwi and/or hapū please visit <http://www.tkm.govt.nz/>.



**ASSESSMENT OF ENVIRONMENTAL EFFECTS**

For your application to be considered, an assessment of effects must be included. Please answer all questions below. Additional information may need to be provided depending on the scale and significance of your proposal.

**What is the expected quality of the discharged effluent?**

Biochemical Oxygen Demand (BOD) ..... milligrams/Litre

Faecal coliforms ..... cfu/100 ml

Suspended solids ..... milligrams/Litre

Total Nitrogen ..... milligrams/Litre

Other effluent quality information/comment

How were the above results obtained?

**What effect will the discharge have on:**

Soil *(Based on disposal system loading rate and proposed disposal method)*

Groundwater *(Note separation distance between the base of the land application system and the highest seasonal groundwater level)*

Surface water *(Note separation distances)*

Neighbouring properties *(Note separation distances, management of potential odour)*

Vegetation

**Is the disposal system and discharge area prone to flooding?** *(If so, describe how often and to what degree)*

*NB: The disposal system needs to be above the 1: 200 year flood (0.5%) level. A flood risk assessment may not be required for all proposed systems and Horizons Regional Council may have existing flood risk information.*

## 10 EFFECT ON STATUTORY ACKNOWLEDGMENTS

Is the activity on, adjacent to, or may affect land that is subject of a statutory acknowledgment?

Yes  No

List of statutory acknowledgments:

Ngāti Tūwharetoa (Bay of Plenty) Claims Settlement Act 2005

Ngāa Rauru Kīitahi Claims Settlement Act 2005

Ngāti Apa (North Island) Claims Settlement Act 2010

Rangitāne o Manawatu Claims Settlement Act 2016

Rangitāne Tū Mai Rā (Wairarapa Tamaki nui-ā-Rua) Claims Settlement Act 2017

Ngāti Rangī Claims Settlement Act 2019

Information on statutory acknowledgments can be found on the Horizons website: <https://www.horizons.govt.nz/about-our-region-and-council/iwi-and-hapu>

If yes, Council must have regard to the statutory acknowledgments. We recommend that applicants considering undertaking works that may affect a statutory acknowledgment make contact with local iwi and/or hapū before the lodgement of a consent application to determine if there are any effects on the statutory acknowledgment.

## 11 TE AWA TUPUA (WHANGANUI RIVER CLAIMS SETTLEMENT) ACT 2017

Are the proposed works in the Whanganui catchment?

YES  NO

*Please note that this covers a large area. If you are unsure, please contact the consents team.*

If yes, the Whanganui River and its wider catchment is the subject of the Te Awa Tupua (Whanganui River Claims Settlement) Act 2017. Council must have regard to the values of Te Awa Tupua when making a decision on any application we receive (regardless of activity status). On that basis, we recommend that parties considering undertaking works within the Whanganui catchment make contact with Ngā Tāngata Tiaki o Whanganui and local iwi and/or hapū before lodgement of a consent application to confirm any requirements under Te Awa Tupua and obtain feedback on the proposed works.

## 12 TE WAIŪ-O-TE-IKA - WHANGAEHU RIVER (NGĀTI RANGI CLAIMS SETTLEMENT ACT 2019)

Are the proposed works in the Whanganui catchment?

YES  NO

*Please note that this covers a large area. If you are unsure, please contact the consents team.*

If yes, the Whangaehu River and its wider catchment is the subject of Te Waiū-o-Te-Ika (Ngāti Rangī Claims Settlement Act 2019). Council must have regard to the values (Te Mana Tupua and Ngā Toka Tupua) of Te Waiū-o-Te-Ika when making a decision on any application we receive (regardless of activity status). On that basis, we recommend that parties considering undertaking works within the Whangaehu catchment make contact with local iwi and/or hapū before lodgement of a consent application to confirm any requirements under Te Waiū-o-Te-Ika and obtain feedback on the proposed works.

**13 GOOD MANAGEMENT PRACTICES AND MITIGATION MEASURES**

Please include a description of the monitoring or good management practices to be undertaken to help avoid, reduce, remedy or mitigate the actual and potential effects on the environment.

Describe routine maintenance and inspections that will be carried out concerning the treatment and disposal system.

How will the treatment and disposal system be managed to ensure the maximum treatment efficiency?

Is any monitoring of the discharge, and its impact upon groundwater (or nearby surface water) carried out (or intended to be carried out). If yes, please outline the programme (for example, what measured, where, how often).

What procedures/methods (other than treatment) have been adopted/put in place, to minimise the volume of discharge (for example, dual flush toilets, water saving devices)?

**14 CONSIDERATION OF ALTERNATIVES**

What alternative methods of treating and/or discharging the effluent were considered?

## NATIONAL ENVIRONMENTAL STANDARD FOR SOURCES OF HUMAN DRINKING WATER (NES-DW)

**Are there any public water supplies that could be affected by your proposal?**  **YES**  **NO**

An assessment under the NES-DW will need to identify any sources of human drinking water that supply more than 25 people who might be affected by the activity. Horizons Regional Council holds a list of such water supplies within its region and will be able to provide assistance when identifying water supplies within the vicinity of the activity.

*Discussion with the water supply operator may also be beneficial in determining whether the supply could be affected and what measures can be taken to ensure the quality of the water supply is maintained.*

Please state any other NES that you consider may be relevant to your activity and provide an assessment against that NES.

**RELEVANT STATUTORY PROVISIONS**

The Resource Management Act 1991 requires this application to include an assessment of the proposed activity against the One Plan. Answering the following questions will satisfy this requirement. If you are unable to answer the questions below, or you believe your proposal is inconsistent with the relevant policies and documents discussed, it is recommended you seek professional planning assistance to help you with your application.

For a complete copy of the One Plan visit <http://www.horizons.govt.nz/publications-feedback/one-plan>

**REGIONAL POLICY ASSESSMENT**

The objectives and policies of Chapter 5 (Water) are relevant to this application.

Is the activity consistent with the relevant provisions of the Regional Policy Statement?

**YES****NO**

Please provide reasons for your answer above

**Please list any other relevant objectives and/or policies of the Regional Policy Statement and provide an assessment of the activity against those objectives and/or policies.**

**REGIONAL PLAN ASSESSMENT**

Objective 14-1 and Policy 14-2, 14-3, 14-4 and 14-9 of Chapter 14 of the Regional Plan are relevant to this application.

Is the activity consistent with the relevant provisions of the Regional Plan?

**YES****NO**

Please provide reasons for your answer above

**If there are any other sections of the One Plan or any national planning documents (e.g. NZ Coastal Policy Statement) that you consider relevant, please provide an assessment of the activity against those relevant objectives/policies of the One Plan and/or national document.**

- Completed administration form (Form A)
- A SITE plan to scale showing:
  - **Property**  
Boundary dimensions, basic house floor plan and any other structures, driveways, retaining walls, stands of trees, slope, angle and direction and slope breaks.
  - **Treatment plant**  
Location, distance from land treatment field, distance from dwelling/s.
  - **Land treatment field**  
Location, area, dimensions, distance from boundaries, location of effluent lines, distance between effluent lines and location of all investigation boreholes or testpits.
  - **Reserve area**  
Location, area, dimensions, distance from boundaries
  - **Stormwater**  
Location of discharge, distance from land treatment field, distance from reserve area
  - **Bore (if relevant)**  
Location, distance to land treatment field and distance to reserve area
  - **Surface water body (if relevant)**  
Name & location, distance to land treatment field, distance to reserve area
  - **Rare, threatened or at-risk habitats (if relevant)**  
Location, distance to land treatment field and reserve area.
- A signed copy of the contract with the service provider
- Certificate of title
- Photographs of the soil profile from the site assessment

Please contact the consents team on freephone **0508 800 800** if you require assistance with your application.