



DISCHARGE PERMIT

LAND

This form provides us with additional information about your discharge to land proposal.

This form needs to accompany the 'Application for Resource Consent Pursuant to Section 88 of the Resource Management Act 1991', this can be obtained off the Gisborne District Council Website for from our council offices at Fitzherbert Street, Gisborne.

The more information you provide with your initial application the more promptly your application will be processed. If you need assistance in completing this form please don't hesitate to contact the Water Resources team on (06) 867 2049 or call into our offices at Fitzherbert Street, Gisborne.

IT IS IMPORTANT THAT YOU ANSWER ALL QUESTIONS FULLY
Please attach additional information if you think it is relevant to this application.

Applicant: _____

Address: _____

Does this application relate to a previous consent? _____
(Please give the number of the previous consent)

DETAILS OF DISCHARGE

Rate of Flow: _____ litres per second: _____ hours per day*: _____

Days per week*: _____ weeks per year*: _____ months per year*: _____
(in which discharge will occur)*

What is the nature of the discharge?
(Describe fully the chemical and or organic make-up of the discharge)

Proposed Treatment of material prior to discharge? *(Describe fully)*

Distance to Nearest:
Dwelling: _____ Road: _____

Watercourse: _____

List all those people likely to be affected by the discharge proposed?

SITE PLAN

An accurate location and site plan must accompany this application. Please indicate position of discharge, watercourses, lakes and ponds, local named roads, neighbours, and other relevant features.

(Please continue on separate sheet if necessary)

Applicant Checklist:

- All parts of this form are filled in:
- Attached is a completed copy of the Resource Consent Application:

SIGNATURE

I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct. I undertake to pay all actual and reasonable application costs incurred by the Gisborne District Council

Signature of the Applicant: _____ Date: _____
(Or agent authorised to sign on behalf of the applicant)