

**Monitoring and Compliance - Environmental**

Porirua City Council  
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## Onsite Wastewater System Licence Application

(Porirua City Council General Bylaw 1991 – Part 25 Wastewater)

### 1. Property details

Owner's full name:			
Home phone:		Mobile:	
Email:			
Property address:			
Postal address (if different to property):			
No. of occupants in household:		No. of bedrooms:	
No. of toilets:		No. of gully traps:	

### 2. Authorised person

*Any person recognised as being suitably trained or qualified to undertake maintenance on, or prepare appropriate reports, designs and assessments for onsite wastewater systems.*

Name:	
Company:	Phone number:
Knowledge/experience/qualifications regarding type of system being assessed:	

### 3. Description of the treatment system

The system must comply with the Onsite domestic wastewater management standard (AS/NZS 1547:2012).

#### Treatment type (please tick appropriate box)

<input type="checkbox"/>	Category A:	Tertiary treatment systems – primary tank, secondary treatment and clarification/sterilising process chamber and a disposal field (land application area).
<input type="checkbox"/>	Category B:	Secondary treatment systems - primary tank, an active aerobic biological chamber (filters) and a land application area.
<input type="checkbox"/>	Category C:	Primary treatment systems – conventional septic tank and a land application area.
<input type="checkbox"/>	Category D:	Holding tanks. The entire contents of the tank (sludge, liquid and scum) are removed and treated off-site.
<input type="checkbox"/>	Category E:	Composting toilet and separate treatment of grey water.

Date of installation (or approximate date):		
Location of system (please include a map of the location of the treatment system):		
Septic tank operation capacity (litres):		
Tank Chamber:	<input type="checkbox"/> Single	<input type="checkbox"/> Dual <input type="checkbox"/> Multiple
Inflow Pipe:	<input type="checkbox"/> Accessible	<input type="checkbox"/> Inaccessible
Outflow Pipe:	<input type="checkbox"/> With Filter	<input type="checkbox"/> Without filter

#### Land application area (please tick appropriate box)

System operates:	<input type="checkbox"/> Above ground	<input type="checkbox"/> Below ground
	<input type="checkbox"/> Natural gradient	<input type="checkbox"/> Pressurised
Type of disposal method:	<input type="checkbox"/> Shallow trench	<input type="checkbox"/> Surface spray (pressurised)
	<input type="checkbox"/> Earth Mounds	<input type="checkbox"/> Sub surface drip
	<input type="checkbox"/> Sub surface drip (trickle) to ground	<input type="checkbox"/> Evapo transpiration seepage trench beds
	<input type="checkbox"/> Other (please state)	
Distribution box (splitter box):	<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic <input type="checkbox"/> None

## Maintenance

When was maintenance last carried out on the system?
What issues (if any) were there?
When was the system last de-sludged?
<p>Is there a maintenance contract in place? Yes / No</p> <p><i>Maintenance should be in accordance with the schedules in the operation and maintenance guidelines provided by the system designer. Records of maintenance should be kept for 10 years (AS/NZS 1547:2012, p29).</i></p>

Authorised person – Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only			
Building consent number:			
Producer Statement details:			
Code Compliance Certificate details:			
Approved Licence:	Yes / No	Licence Number:	