Producer Statement

Design: On-Site Effluent Disposal Systems (AS/NZS 1547:2012)

Issued by: …… (approved qualified design professional)

To: …… (owner)

To be supplied to: Kaipara District Council……..

Property Location: …….

……

Lot……DP……Valuation Number…….

To Provide: Design an onsite effluent disposal system that will comply with the principles and procedures of AS/NZS 1547:2012 and provide a schedule to the owner for the system's maintenance.

The Design: Has been designed in accordance with Verification Method G13/VM4 On-Site Disposal and B2 (durability 15 years) of the Building Regulations 1992 in Compliance with the New Zealand

Building Code

As an independent approved design professional covered by a current policy of Professional Indemnity Insurance (Design) to a minimum value of $200,000, **I believe on reasonable grounds** that subject to:

1 Site verification – An Installation and commissioning report verifying the system and all components have been installed and operate in conformity with the design is required upon completion in accordance with 6.2.5.4, AS/NZS1547(2012).

2 The proposal All proprietary products met the performance requirements. the proposed design will meet the re levant provisions of the Building Code and Northland Regional Council discharges rules.

☐ I understand and accept that Council may rely on this document, for the purposes of establishing compliance with the above building consent and that the content including the signature, whether electronic or not, is truly representative and authoritative of the information contained.

…… (Signature of approved design professional)

…….. (Professional qualifications)

…….. (Licence Number or professional Registration number)

Address ……

……

Telephone Number …… Fax Number ……

Cellphone …… Date ……

Note: This form is to accompany every application for a Building Consent incorporating AS/NZS 1547:2012 Approval as a design professional is at Council's discretion.

Kaipara District Council

AS/NZS 1547:2012

On-site Wastewater Disposal Site and Soil Evaluation

Part A: Owners Details

1 Applicant Details:

Applicant Name		
Company Name		
	First Name(s)	Surname
Property Owner Name(s)		
Nature of Applicant*		

*(*i.e. Owner, Leaser, Prospective Purchaser, Developer)*

2 Consultant / Site Evaluator Details:

Consultant/Agent Name				
Site Evaluator Name				
Postal Address				
Telephone Number	Business		Private	
	Mobile		Fax	
Name of Contact Person				
E-mail Address				

3 Are there any previous existing discharge consents relating to this proposal or other waste discharge on this site?

Yes	☐	No	☐	Please tick
If yes, give reference numbers and description				

4 List any other consent in relation to this proposal site and indicate whether or not they have been applied for or granted

If so, specify Application Details and Consent Nº.

(E.g. Land Use, Water Take, Subdivision, Earthworks Stormwater Consent)

Part B: Property Details

1 Location Details

Physical Address of Property	
Territorial Local Authority	**Kaipara District Council**
Regional Council	**Northland Regional Council**
Legal Status of Activity	Permitted: ☐ Controlled: ☐ Discretionary: ☐
Relevant Regional Rule(s)	
Total Property Area (m²)	
Map Grid Reference of Property if Known	

2 Legal description of land (as shown on Certificate of Title)

Lot Nº		DP Nº		CT Nº	
Other (specify)					

Please ensure copy of Certificate of Title is attached.

Part C: On-Site Evaluation

(Refer AS/NZS 1547:2012 See Appendix D)

Has a relevant property history study been conducted?

Yes		No	

(Please tick one)

If yes, please specify the findings of the history study, and if not please specify why this was not considered necessary.

1 Has a Slope Stability Assessment been carried out on the property?

Yes		No	

If **No**, why not?

Please tick

If **Yes**, please give details of report (if possible, please attach report):

Author	
Company/Agency	
Date of Report	
Brief Description of Report Findings:	

2 Site Information (See Table 1 attached):

Provide descriptive details below:
Performance of Adjacent Systems:
Estimated Rainfall and Seasonal Variation:
Information available from **N.I.W.A MET RESEARCH**
Vegetation / Tree Cover:
Slope Shape: (Please provide diagrams)
Slope Angle:
Surface Water Drainage Characteristics:
Flooding Potential: Yes ☐ / No ☐
If **Yes**, specify relevant flood levels on appended site plan i.e. one in five years and/or 20 year and/or 100 year return period flood level, relative to disposal area.
Surface Water Separation:
Site Characteristics: or any other limitation influencing factors

3 Site Geology **Check Rock Maps**

Geological Map Reference Number	

4 What Aspect(s) does the proposed disposal system face? (please tick)

North	☐	**West**	☐
North-West	☐	**South-West**	☐
North-East	☐	**South-East**	☐
East	☐	**South**	☐

5 Site clearances (Indicate on site plan where relevant)

Separation Distance from	**Proposed Clearances (m)**	**Septic Tank Treated Allowed(KDC+**	**Secondary Treated Allowed (KDC+NRC)**
Boundaries		1.5 m	1.5 m
Surface water (i.e. permanent or intermittently flowing rivers, creeks,			
Groundwater Bores horizontal distance		20 m	20 m
Subsurface water vertical separation			
Embankments/retaining walls		1.5 m	1.5 m
Other			
Reserve area set aside		100 %	30 %

Part D: Site Assessment - Subsoil Investigation

(Refer AS/NZS 1547:2012 clause D2, Appendix D Site-and-Soil for Individual Lots

1 Please identify the soil profile determination method:

Test Pit		(Depth_____m)	Nº of Test Pits	
Bore Hole		(Depth_____m)	Nº of Bore Holes	
Other (specify):				

Soil Report attached?

Yes	☐	No	☐

Please tick

2 Was fill material intercepted during the subsoil investigation?

Yes	☐	No	☐

Please tick

If yes, please specify the effect of the fill on wastewater disposal

3 Percolation testing (Soil Permeability) (Recommended for conventional trenches in all clay soils)

Please specify the method (refer to Appendix G AS/NZS 1547:2012					
Test Report Attached?	Yes	☐	No	☐	Please tick

4 Are surface water interception/diversion drains required?

Yes	☐	No	☐	Please tick

If yes, please show on site plan

4a Are subsurface drains required

Yes	☐	No	☐	Please tick

If yes enter details

5 Please state the depth of the seasonal water table:

Winter	m	Measured	☐	Estimated	☐
Summer	m	Measured	☐	Estimated	☐

6 Are there any potential storm water <u>short circuit paths</u>?

Yes	☐	No	☐	Please tick

If the answer is yes, please explain how these have been addressed

7 Estimated soil category *(Refer AS/NZS 1547:2012 (See E4.1 and Table E1)*

Is Topsoil Present?	If so, Topsoil Depth?	(m)

.

Classification	Properties	Tick One
Sand	Very little to no coherence, cannot be molded., single grains	☐
Loamy sand	Slightly coherence, give a short ribbon 5mm that breaks easy	☐
Sandy loam	Forms a cast but will not roll in a ball. Individual sand grains can be seen	☐
Fine sandy loam	As for Sandy loam. Individual sand grains cannot be seen	☐
Loam	As for Sandy loam. But cast feels spongy	☐
Silty loam	As for loams but not spongy. Very smooth and silky	☐
Sandy clay loam	Can be rolled into a ball. Sand grains can be felt	☐
Fine sandy clay Loam	As for sandy clay loam but no sand grains visible	☐
Clay loam	Can be rolled into a ball with spongy feel, slightly plastic	☐
Silty clay loam	As for clay loams but not very spongy. Very smooth and silky	☐
Sandy clay	Forms a plastic ball in which sand grains can be seen, felt and heard	☐
Light clay	Smooth plastic ball that can be rolled into a rod. Slight resistance to shearing	☐
Silty clay	As for light clay but very smooth and silky	☐
Medium clay	Smooth plastic ball like plasticine. Can be moulded. Some resistance to ribboning	☐
Heavy clay	Smooth plastic ball like plasticine. Can be moulded. Firm resistance to ribboning	☐

Reasons for placing in stated category

PART E: Discharge Details

1 Water supply source for the property (please tick):

Rainwater (roof collection)	☐
Bore/well	☐
Public supply	☐

2 Calculate the maximum daily volume of wastewater to be discharged, unless accurate water meter readings are available

(Refer AS/NZS 1547:2012 See 5.5.5 and Appendix L, M and N

Number of Bedrooms	1 - 2 - 3 - 4 - 5 - 6			
Design Occupancy				(Number of People)
Per capita Wastewater Production	140	160	180	(tick) (Litres per person per day)
Other - specify	200	220		
Total Daily Wastewater Production				(litres per day)

3 Do any special conditions apply regarding water saving devices

A) Full water Conservation Devices?	Yes	☐	No	☐	Please tick
b) Water Recycling – what %?	%	☐	No	☐	Please tick

If you have answered yes, please state what conditions apply and include the estimated reduction in water usage.

4 Is Daily Wastewater Discharge Volume more than 3000 litres per day:

Yes	☐	Please tick
No	☐	Please tick

Note if answer to the above is yes, an N.R.C wastewater discharge permit will be required

PART F: Primary Treatment

(Please also refer to NRC rules)

1 Please indicate below the no. and capacity (litres) of all septic tanks including type (single/dual chamber grease traps) to be installed or currently existing: If not 4500 litre dual chamber, explain why not.

Number of Tanks	Type of Tank	Capacity of Tank (Litres)
	Total Capacity	

2 Type of Septic Tank Outlet Filter to be installed?

(min 3.5mm screen required see NRC rules)

PART G: Secondary and Tertiary Treatment

(Please also refer to NRC rules)

1 Will the discharge effluent have a 5-day biochemical oxygen demand (BOD5) that is less than or equal to 30 grams per cubic metre and the total suspended solids (TSS) concentration that that is less than or equal to 45 grams per cubic metre?

(Manufacturers specifications required see NRC rules)

Yes	☐	No	☐	(Please tick)	No means this is considered a primary system

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

Secondary Treatment			
Home aeration plant			
Commercial aeration plant			
Intermediate sand filter			
Recirculating sand filter			
Recirculating textile filter			
Clarification tank			
Tertiary Treatment			
Ultraviolet disinfection			
Chlorination			
Other		Specify	

PART H: Land Disposal Method

(Refer AS/NZS 1547:2012 appendices L, M and N)

1 Please indicate the proposed loading method: (please tick)

Gravity	
Dosing Siphon	
Pump	

2 High water level alarm to be installed in pump chamber(s)

Yes		No	

If not to be installed, explain why.

3 If a pump is being used, please provide the following information:

Total Design Head		(m)
Pump Chamber Volume		(Litres)
Emergency Storage Volume		(Litres)

4 Please identify the type(s) of land disposal method (land application systems) proposed for this site: (please tick)

(Refer AS/NZS 1547:2012 appendix K)

Surface Dripper Irrigation	☐		
Sub-surface Dripper irrigation	☐		
Standard Trench	☐		
Deep Trench	☐		
Mound	☐		
Evapo-transpiration Beds	☐		
Other	☐	Specify	

5 Please identify the loading rate you propose for the option selected in the above, stating the reasons for selecting this loading rate:

(Refer to AS/NZS 1547:2012 appendix L)

Loading Rate		(Litres/m2/day)
Disposal Area	Design	(m2)
	Reserve	(m2)

Explanation

6 What is the available reserve wastewater disposal area?

Reserve Disposal Area (m^2)	
Percentage of Primary Disposal Area (%)	

7 Please provide a detailed description of the design and dimensions of the disposal field and attach a detailed plan of the field relative to the property site:

Description and Dimensions of Disposal Field:

Plan Attached?	Yes	☐	No	☐	Please tick

If not, explain why not

PART I: Maintenance & Management

*(**Please also refer to NRC rules**)*

1 Has a maintenance agreement been made with the treatment and disposal system suppliers?

Yes	☐	No	☐	Please tick

Name of Suppliers

PART J: Assessment of Environmental Concerns

1 Is an assessment of environmental concerns included with application? *(Refer Fig 4.1C3)*

Yes		No		Please tick

If Yes, list and explain possible effects

PART K: Is Your Application Complete?

1 Is a Northland Regional Council Discharge Consent Required?

Yes		No		Please tick

2 In order to provide a complete application you have remembered to:

Fully Complete this Assessment Form	
Include a *Location Plan* and *Site Plan* (with Scale Bars)	
Attach an Assessment of Environmental Concerns	

3 Declaration

☐ I understand and accept that Council may rely on this document, for the purposes of establishing compliance with the above building consent and that the content including the signature, whether electronic or not, is truly representative and authoritative of the information contained.

I hereby certify that, to the best of knowledge and belief, the information given in this application is true and complete.

Name	Signature	
Position	Date	

Note:

Any alteration to the site plan or design after approval will result in non-compliance.

An Installation and commissioning report verifying the system and all components have been installed and operate in conformity with the design is required upon completion in accordance with 6.2.5.4, AS/NZS1547(2012)is required before the Code Compliance Certificate can be issued.