



Far North  
District Council

## **ON SITE WASTEWATER DISPOSAL SYSTEM DESIGNER GUIDELINES FOR FNDC ASSESSMENT**

### **All Writers shall comply with the following to be duly assessed by FNDC:-**

- Shall be qualified Engineer with current registered IPENZ membership or a Certifying licensed Drainlayer or an appropriately qualified professional deemed to be competent in design of Onsite wastewater disposal systems (such as Architect, designer or licensed building practitioner).
- Shall have attended and passed a Council approved course on Onsite Wastewater Disposal Systems. The assessment must be provided by the course provider.
- Shall demonstrate through an actual test scenario to Council that they have adequate experience in designing Onsite Wastewater Disposal Systems in accordance with Auckland Regional Council's TP58 requirements.
- FNDC shall review and verify previous projects designed by the Writers and establish referee checks.
- All credentials of the Writers shall be evaluated by FNDC and sources of evidence will be established.
- Qualifications of the Writers shall be recorded by FNDC with the right to review on an annual basis.
- Writers shall submit to FNDC a minimum of their 5 design works peer reviewed by a Registered Chartered Professional Engineer of IPENZ with a producer statement (PS2 – Design Review) in a given year.
- Writers shall submit to FNDC a copy of their current valid Indemnity Insurance certificate with details of insurance coverage (note: this must be appropriate for the value of work).
- FNDC holds the exclusive right to assess writers and withdraw if necessary at its discretion.

# PRODUCER STATEMENT

## DESIGN: ON-SITE EFFLUENT DISPOSAL SYSTEMS (T.P.58)

ISSUED BY:.....(approved qualified design professional)

TO:.....(owner)

TO BE SUPPLIED TO: .....Far North District Council.....

PROPERTY LOCATION:.....

LOT.....DP.....VALUATION NUMBER.....

TO PROVIDE : Design an on-site effluent disposal system in accordance with Technical paper 58 and provide a schedule to the owner for the systems maintenance.

THE DESIGN: Has been in accordance with G13 (Foul Water) G14 (Industrial Liquid Waste) B2 (durability 15 years) of the Building Regulations 1992.

As an independent approved design professional covered by a current policy of Professional Indemnity Insurance (Design) to a minimum value of \$200,000.00, I BELIEVE ON REASONABLE GROUNDS that subject to:

- (1) The site verification of the soil types.
- (2) All proprietary products met the performance requirements.

The proposed design will met the relevant provisions of the Building Code and 5.3.11 of The Far North District Council Engineering Standards.

.....(Signature of approved design professional)

.....(Professional qualifications)

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

Address .....

Phone Number.....

Fax Number .....

Cell Phone .....

Date .....

**Note:** This form is to accompany every application for a Building Consent incorporating a T.P.58. Approval as a design professional is at Councils discretion.

### On-site Wastewater Disposal Site Evaluation Investigation Checklist

**FAR NORTH DISTRICT COUNCIL**

# **Appendix E**

**TP58**

## **On-site Wastewater Disposal Site Evaluation Investigation Checklist**

**Part A –Owners Details**

**1. Applicant Details:**

Applicant Name			
Company Name			
	First Name(s)	Surname	
Property Owner Name(s)			

Nature of Applicant*
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(\*i.e. Owner, Leasee, Prospective Purchaser, Developer)

**2. Consultant / Site Evaluator Details:**

Consultant/Agent Name				
Site Evaluator Name				
Postal Address				
Phone 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.

(eg. LandUse, Water Take, Subdivision, Earthworks Stormwater Consent)


**Part B- Property Details**

**1. Property for which this application relates:**

Physical Address of Property	
Territorial Local Authority	FAR NORTH DISTRICT COUNCIL
Regional Council	NORTHLAND REGIONAL COUNCIL
Legal Status of Activity	Permitted:                      Controlled:                      Discretionary:
Relevant Regional Rule(s) (Note 1)	
Total Property Area (m <sup>2</sup> )	
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: Site Assessment - Surface Evaluation**

**(Refer TP58 - Sn 5.1 General Purpose of Site Evaluation and Sn 5.2.2(a) Site Surface Evaluation)**

**Note: Underlined terms defined in Table 1, attached**

**Has a relevant property history study been conducted?**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(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		Please tick
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If No, why not?


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

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

**2. Site Characteristics (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**

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**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 5 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

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

<b>North</b>		<b>West</b>	
<b>North-West</b>		<b>South-West</b>	
<b>North-East</b>		<b>South-East</b>	
<b>East</b>		<b>South</b>	

**5. Site clearances,( Indicate on site plan where relevant)**

Separation Distance from	Treatment Separation Distance (m)	Disposal Field Separation Distance (m)
Boundaries		Check Council requirements
Surface water, rivers Creeks drains etc		
Groundwater		
Stands of Trees/Shrubs		
Wells, water bores		
Embankments/retaining walls		
Buildings		
Other (specify):		

**PART D: Site Assessment - Subsoil Investigation**

(Refer TP58 - Sn 5.1 General Purpose of Site Evaluation, and Sn 5.2.2(a) Site Surface Evaluation and Sn 5.3 Subsurface Investigations)

**Note: Underlined terms defined in Table 2, attached**

**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
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**2. Was fill material intercepted during the subsoil investigation?**

Yes		No		Please tick
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If yes, please specify the effect of the fill on wastewater disposal


**3. percolation testing (mandatory and site specific for trenches in soil type 4 to 7)**

Please specify the method

Test Report Attached?	Yes		No		Please tick
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**4. Are surface water interception/diversion drains required?**

Yes		No		Please tick
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If yes, please show on site plan

**4a Are subsurface drains required**

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 short circuit paths?**

Yes		No		Please tick
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If the answer is yes, please explain how these have been addressed


**7. Based on results of subsoil investigation above, please indicate the disposal field soil category (Refer TP58 Table 5.1)**

Is Topsoil Present?	If so, Topsoil Depth? (m)
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Soil Category	Description	Drainage	Tick One
1	Gravel, coarse sand	Rapid draining	
2	Coarse to medium sand	Free draining	
3	Medium-fine & loamy sand	Good drainage	
4	Sandy loam, loam & silt loam	Moderate drainage	
5	Sandy clay-loam, clay loam & silty clay-loam	Moderate to slow drainage	
6	Sandy clay, non-swelling clay & silty clay	Slow draining	
7	Swelling clay, grey clay, hardpan	Poorly or non-draining	

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 TP58 Table 6.1 and 6.2)**

Number of Bedrooms	2 - 3 - 4			
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 %?		%			(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 2000 litres:**

Yes		(Please tick)
No		(Please tick)

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

**5. Gross Lot Area to Discharge Ratio:**

Gross Lot Area		M
Total Daily Wastewater Production		(Litres per day)(from above)
Lot Area to Discharge Ratio		

**7. Does this proposal comply with the Northland Regional Council Gross Lot Area to Discharge Ratio of greater than 3?**

Yes		No		Please tick
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**8. Is a Northland Regional Council Discharge Consent Required?**

Yes		No		(Please tick)
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**PART F: Primary Treatment** (Refer TP58 Section 7.2)

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?

**PART G: Secondary and Tertiary Treatment**

(Refer TP58 Section 7.3, 7.4, 7.5 and 7.6)

1. 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 TP58 Section 8)

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

Gravity	
Dosing Siphon	
Pump	

2. High water level alarm to be installed in pump chambers

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 proposed for this site: (please tick)**  
*(Refer TP58 Sections 9 and 10)*

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 Part H, Section 4 above, stating the reasons for selecting this loading rate:**

Loading Rate		(Litres/m <sup>2</sup> /day)
Disposal Area	Design	(m <sup>2</sup> )
	reserve	(m <sup>2</sup> )

**Explanation** *(Refer TP58 Sections 9 and 10)*


**6. What is the available reserve wastewater disposal area** *(Refer TP58 Table 5.3)*

Reserve Disposal Area (m <sup>2</sup> )	
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)
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**If not, explain why not**


**PART I: Maintenance & Management**

(Refer TP58 Section 12.2)

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

Yes		No		(Please tick)
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Name of Suppliers

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**PART J: Assessment of Environmental Effects**

**1. Is an assessment of environmental effects (AEE) included with application?**

(Refer TP58 section 5. Ensure all issues concerning potential effects addressed)

Yes		No		(Please tick)
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If Yes, list and explain possible effects

**PART K: Is Your Application Complete?**

**1. In order to provide a complete application you have remembered to:**

Fully Complete this Assessment Form	
Include a <i>Location Plan</i> and <i>Site Plan</i> (with Scale Bars)	
Attach an Assessment of Environmental Effects (AEE)	

**1. Declaration**

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.**