

APPLICATION FOR RESOURCE CONSENT FORM B: MEAT CHICKEN AIR DISCHARGES



NOTES

Resource use activities must meet all the conditions of any relevant Permitted Activity Rules in the Waikato Regional Plan or a resource consent from the Waikato Regional Council is required. This form will help you apply for a resource consent.

- You must fully complete this activity form and supply all the required information. Provide as much detail as you can where the questions are relevant to your activity. We request that, where possible, you provide electronic copies of any supporting information (for example, on CD). Doing so may reduce administrative costs charged to you.
- You must also supply completed Forms A and C.
- **You must pay the required initial deposit when you submit this consent application.**
- Failure to provide the required information and payment will delay the processing of your application. If you do not provide adequate information then we will not be able to process your application, and will return it to you. If you do not pay the required fees, we may stop processing your application until payment is received.

FOR OFFICE USE ONLY

File:

Client ID:

Project:

**If you need any further help,
please phone our Resource Use
staff on 0800 800 402.**

LOCATION

1. **If known, please supply relevant map coordinates of activity or activities (preferably as New Zealand Transverse Mercator 2000 (NZTM2000 references). These locations must also be clearly identified on the location map you have supplied with Form A**

NATURE OF THE PROPOSAL

2. **Please provide an overview of your proposal.**

a) Type of operation *(please tick)*:

- full time indoor meat chicken
- converted indoor meat chicken to free range
- free range (purpose built free range sheds).

b) Maximum number of birds per run

c) Approximate runs per year

d) Company contracted to (please tick):

Inghams Enterprises (NZ) Pty

Brinks Ltd

other (please specify):

e) Predominant wind direction at locality

f) Surrounding land uses (such as dairying, lifestyle farming)

g) Other relevant information

SHED DESIGN

3. Describe the meat chicken sheds

a) Number of indoor meat chicken/free range sheds

b) What year were the sheds built in

c) Size of each shed

d) Maximum number of birds per shed

e) Description of ventilation system including number, size and location of fans (please attach a schematic plan):

FEED QUALITY

4. Name of feed supplier

5. Type of feed

SHED CLEAN OUT

6. Description of shed clean out procedure

a) What is the estimated volume of waste litter per shed per run?

b) How long does the overall site clean out procedure take (from litter removal to end of shed wash down)?

c) How long does litter removal take per shed?

d) Who removes the litter from the sheds (name of contractor if applicable)?

e) Describe how litter is removed from the sheds

f) Are the sheds blown?

USED CHICKEN LITTER

7. Description of chicken litter disposal procedure

| | |
|--|--|
| a) Where is the litter disposed of? | |
| b) If disposed of onsite, what is the disposal area? | |
| c) Is the disposal area planted in pasture or crop? | |

SHED WASH DOWN

8. Description of shed wash down procedure

a) Who undertakes shed wash down (name of contractor if applicable)?

b) What is the estimated volume of wash water generated per shed?

c) Do you use a water blaster?

d) Is wash water collected in a sump or tank?

e) How is washwater disposed of?

| | |
|---------------------|--|
| Location: | |
| Disposal area: | |
| Method of disposal: | |

SANITISING

9. Description of sanitising procedure

a) Name of sanitiser

b) Quantity used per shed

c) Toxicity of sanitiser (please attach Material Safety Data Sheet (MSDS))

DEAD BIRDS

10. Description of dead bird management

a) How often are dead birds removed from the sheds?

b) Where are the dead birds stored?

c) How often are the dead birds removed from the site and how are they removed/disposed of?

RODENT CONTROL

11. Description of rodent control

a) Are there bait stations around the perimeter of the site?

b) If so, at what intervals are the bait stations placed?

c) How often are the bait stations checked and rodents removed?

WATER TAKE AND USE

NOTE: A separate consent may be required for your water take and use.

12. Description of water usage

a) Where do you source bird drinking water and wash down water from (please tick):

ground (bore) water surface water.

b) Volume of maximum daily bird drinking water

| | | | | |
|----------------------|----------------------|----|----------------------|----------------|
| <input type="text"/> | cubic metres per day | OR | <input type="text"/> | litres per day |
|----------------------|----------------------|----|----------------------|----------------|

c) How much storage do you have available?

d) Volume of maximum daily take

| | | | | |
|----------------------|----------------------|----|----------------------|----------------|
| <input type="text"/> | cubic metres per day | OR | <input type="text"/> | litres per day |
|----------------------|----------------------|----|----------------------|----------------|

13. Description of associated earthworks

a) Does the pre-existing slope of the land exceed 25 degrees?

b) Will earthworks be carried out within 10 m of any stream, lake, wetland or ephemeral flow path?

c) Will earthworks be carried out within the vicinity of any archaeological site or waahi tapu?

d) Please provide an erosion and sediment control plan.

ASSESSMENT OF EFFECTS ON THE ENVIRONMENT

14. Description of the actual and potential effects of your activity on air quality:

a) Describe the surrounding air quality.

b) How does your activity affect air quality?

c) How often and at which times (season, at which stage during run, time of day) is your activity likely to affect air quality?

d) How often are you likely to affect other users in the area?

e) What is the local topography?

f) What are the local climatic conditions (high wind zone, high likelihood of inversion layers etc)?

ODOUR AND DUST CONTROL AND MITIGATION

Please provide a site specific management plan and identify where in your management plan the following matters are addressed.

15. Source control

a) Describe management practices you will employ to ensure that discharge of odorous contaminants from the feed is minimised

b) Describe management practices you will employ to reduce the discharge of odorous contaminants and dust from the sheds

c) Describe management practices you will employ to reduce the discharge of odorous contaminants and dust during shed clean out

16. Mitigation

a) Describe existing or proposed screen planting (please attach a landscape plan).

| | |
|--|--|
| Height of earthbund: | |
| Proximity of screen planting to sheds: | |
| Number of layers: | |
| Plant species per layer: | |
| Current plant height of each layer: | |
| Growth rate per year: | |
| Expected plant height at maturity: | |

b) Are any other methods, equipment or developments proposed to control or mitigate odour and dust emissions, such as odour control misting systems, hooding of fans, evaporative cooling etc?

MONITORING

17. Describe how you plan to monitor the effects of your activity (type and frequency).

CONTINGENCY PLANS

20. Describe contingency plans.

COMPLAINT HISTORY

18. Complaints management

a) Have you had any odour or dust complaints (verified and non-verified) over the last 10 years? If so, please give details:

b) Do you have a complaint register and what information do you record?

SITE MAP(S)

19. Attach a map of the (proposed) site layout with this application. You must include:

- shed location and proximity to boundaries, other sheds and screen plantings (including fan positioning)
- existing and proposed screen plantings
- stormwater management design for the sheds and hard stand areas
- property boundaries and the location of all neighbouring buildings (with owner/occupier names) within one kilometre radius of the site.

CONSULTATION

Identify and consult with any parties that may be potentially affected by or interested in your activity. This generally involves your immediate neighbours. It may also include local authorities, iwi and interest groups such as local recreational and care groups. If you are in doubt about who you should be talking to, then call Waikato Regional Council staff.

Make sure you provide everyone with sufficient information that they can fully understand what it is you want to do and how they may be affected by it. This could include a copy of this application form once it is completed and and/or any plans or maps. Make sure you make yourself available to explain the application, answer any questions and discuss options for resolving any concerns.

21. Identify the parties that may be affected by or interested in your discharge activity and consent application

| | | |
|--|---------|-----------|
| Party details/relationship <i>(such as neighbour, local iwi, interest group)</i> | | |
| | | |
| Contact person | | |
| | | |
| Postal address | | |
| | | |
| | | |
| Phone number/s | Home: | Business: |
| | Mobile: | Fax: |

| | | |
|--|---------|-----------|
| Party details/relationship <i>(such as neighbour, local iwi, interest group)</i> | | |
| | | |
| Contact person | | |
| | | |
| Postal address | | |
| | | |
| | | |
| Phone number/s | Home: | Business: |
| | Mobile: | Fax: |

| | | |
|--|---------|-----------|
| Party details/relationship <i>(such as neighbour, local iwi, interest group)</i> | | |
| | | |
| Contact person | | |
| | | |
| Postal address | | |
| | | |
| | | |
| Phone number/s | Home: | Business: |
| | Mobile: | Fax: |

Other affected or interested parties

22. Provide details of your consultation

Provide details about the consultation you have undertaken, or explain why consultation was not considered necessary. If possible you should provide written comment or approval from those you have identified. A consultation form is provided at the end of this form that will help you with this. Photocopy off a separate form for each party identified. Otherwise, make sure you let us know:

- who you consulted with
- how we can contact these people
- their relationship to you (for example, neighbour, local iwi, interest group)
- any concerns they may have about your activity, and how you intend to avoid or mitigate (lessen) these effects.

FINAL CHECKLIST

23. Have you? (please tick)

- Filled in all parts of this form (Form B) that are relevant to your activity, provided all the information required, and completed and attached any other related activity forms.
- Completed and attached Forms A and C.
- Applied for any district council consents that are also required for your proposal.
- Consulted with all interested and affected parties, and included their comments and/or written approval (if possible).
- Included or paid the required deposit fee for this application.

CONSULTATION FORM

PHOTOCOPY THIS FORM FOR EACH PERSON OR GROUP TO BE CONSULTED

| | |
|-------------------------|--|
| Applicant | |
| Description of proposal | |

Person/group consulted in regard to this proposal

| | | |
|------------------------|--------|------|
| Name of contact person | | |
| Name of group | | |
| Postal address | | |
| | | |
| Street address | | |
| | | |
| Email address | | |
| Contact number/s | phone: | fax: |

Consulted party's views on the proposal (to be completed by person/group consulted)

If you would like the Waikato Regional Council to know your views on the applicant's proposal, and/or if you consider you may be adversely affected, please indicate your views below (attach additional pages if necessary). Consider the following: How do you consider you will be affected? How would you like the applicant's proposal to be modified to take account of your views? What other comments do you have on the proposal that you would like the Waikato Regional Council to consider in making a decision on these resource consent applications?

| |
|--|
| |
|--|

Applicant's response to views of consulted parties (to be completed by applicant)

Please indicate how your proposal can be modified to take account of the views of the party you have consulted with (or why the proposal may not be able to be modified to take account of those views).

| |
|--|
| |
|--|

Consulted party's response to the proposal (to be completed by person/group consulted) *Please tick one only*

- I/We give my/our approval for the proposal I/We do not give my/our approval for the proposal
 I/We are not affected by this proposal

Signed _____ Date _____