

Application for approval not to remove a disused below ground stationary tank

Under Regulation 17.39 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Email: hsapplications@worksafe.govt.nz

Post: WorkSafe New Zealand, Hazardous Substances Team, PO Box 165, Wellington 6140

1. Applicant details

Full legal name:

Trading name: (if different from above)

New Zealand Business Number (NZBN):

--	--	--	--	--	--	--	--	--	--	--	--	--

Contact person

Name:

Work phone:

Mobile phone:

Email:

Applicant's physical address:

Applicant's postal address:

☐

Same as above

Site for which the application applies

Physical address:

Brief description of disused below ground stationary tank:

Owner of the tank (if not the applicant)

Full legal name:

Trading name:

NZBN:

Work phone:

Mobile phone:

Email:

2. Application details

Location of disused tank:
(within site physical address, use GPS coordinates to clarify)

Tank age, size and materials of construction:

Hazardous substance previously stored in the tank:

Provide a statement and supply evidence as to why it is not practical to remove the tank: (site plan drawings, photos, engineer's report)

Describe how the tank and pipes will be rendered safe:

Describe the actions to be taken to remove and treat any residual hazardous substances and sludges remaining in the tank and pipes:
Note: Standard conditions will be applied to any decision unless justification for alternative methods is put forward

Describe the likelihood and impact of any discharge:

Any other supporting information:
(please provide a layout plan)

Will the location where the below ground stationary tank is situated continue to be used to store or use hazardous substances? Provide details of location activities:

Provide Regional Council and Territorial Local Authority support for the tank to remain below ground. Advise any Regional Council and Territorial Local Authority conditions for the tank to remain below ground:

3. Application costs and invoicing details

A fee as set out in schedule 2 of the regulations, applies to this application. You will be emailed an invoice for payment upon receipt of your application. Payments should be made by internet banking into our Westpac Account Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Please provide your company email address for invoicing:

I certify that:

- I have the authority to make this application
- To the best of my knowledge, this application is complete and correct

Signature:

Print name:

Capacity in which signed:

Date: DD / MM / YEAR

4. Privacy statement

The personal information you provide with this form is collected and will be held and used by WorkSafe for assessing your application and in accordance with the purposes of the Health and Safety at Work (Hazardous Substances) Regulations 2017 and provisions of the Privacy Act 1993. Information you provide will only be disclosed as required or permitted at law.

The provision of information by you is voluntary but if you do not provide full information WorkSafe may not be able to progress your application. Under the Privacy Act 1993 you may request access to or correction of personal information about you.

For more information about WorkSafe's Privacy Statement and Policy, please refer to the WorkSafe website: worksafe.govt.nz