## Notice of Proposal to Discharge Efflux- CAR Part 77



This form is to be used to notify CAA of a proposal to discharge efflux from a structure n excess of 4.3m/:

- through the Obstacle Limitation Surface of an aerodrome; or
- Higher than 60m above ground level.

This notification is to be submitted to the CAA at least 5 working days notice prior to the proposed date of the activity.

The CAA Standard Rate hourly charge applies.

## **Proposer Details** 1.

Name: (Individual or Organis  Address for Service: Civil Aviation Act, s8, requires applicants to provide an address for service in New Zealand (ie, a physical address) and to		isation)		
promptly notify the Director of any changes.				
Or arry	crianges.			
Tel:		Fax:	Email:	
Postal Address (If				
different from Address for				
Service.)				
Authorised Contact:				
Tel:		Fax:	 Email:	

## **Nature of Proposal** 2.

Structure Address					
Location Lat (WGS84)		°S Long		°E	
Start date/time (NZST, NZDT or UTC)		Completion date/time (if applicable)			
A. Elevation of site above mean sea level (metres)		B. Predicted height above ground level where the efflux velocity no longer exceeds 4.3 m/s (metres)			
C. Maximum effective height of efflux above mean sea level (metres) (C=A+B)					

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## 3. Description of Proposal

Complete description of proposal. Examples of details required are:  (a) modelling data to show the predicted extent of the efflux plume  (b) nature of the efflux (exhaust, natural gas etc)  (c) emergency plan for efflux shutdown					
Proposed timing if a regular event					
(indicate if in NZST, NZDT or UTC):					
Alternative timing if required:					
Lateral dimensions of the predicted efflux plume (indicate the radius, width, area or geographical coordinates as required):					
Designated Controlling Authority or contact person and contact details:					

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Evidence of consultation with other affected airspace users, if any:							
Other information pertinent to the activity or event (procedures, support arrangements, expected periphery activity, etc, please attach as necessary)							
5. Certification I hereby certify that all the above statements made by me are true and complete to the best of my knowledge.							
Printed Name	Signature	Date					
The notice required shall be made by submitting this form to:							
Manager Aeronautical Services Civil Aviation Authority PO Box 3555 Wellington 6140							
The notice may also be submitted to: <a href="mailto:airspacehazards@caa.govt.nz">airspacehazards@caa.govt.nz</a>							
Notification to the Civil Aviation Authority does not waive the requirements of any other local body or Government agency.							

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