



**GLADSTONE REGIONAL COUNCIL  
TRADE WASTE DISCHARGE  
APPLICATION FORM**

PROPERTY OWNER DETAILS:	
PROPERTY OWNER NAME:	_____ (PLEASE PRINT)
POSTAL ADDRESS:	_____
ABN OR ACN:	_____
CONTACT PERSON	PHONE NUMBER: _____
MOBILE NUMBER:	FAX NUMBER: _____
EMAIL ADDRESS:	_____
APPROVAL TO INVOICE GRC ACCOUNT	(AUTHORISATION SIGNATURE REQUIRED)

PROPERTY DETAILS:	
ADDRESS:	_____
RATING ASSESSMENT NO:	_____
LOT NUMBER & PLAN NUMBER:	_____
INDIVIDUAL WATER METER:	Number of Businesses sharing meter: _____
WATER METER No:	Trade Waste Meter No: _____

WASTE GENERATOR DETAILS:	
BUSINESS NAME:	_____
POSTAL ADDRESS:	_____
CONTACT PERSON	PHONE NUMBER: _____
CONTACT EMAIL:	_____

CHARACTERISATION OF WASTE (PLEASE CIRCLE)							
THESE BUSINESSES ARE LOW RISK BUSINESSES AND DO NOT NEED TO COMPLETE THE CONTAMINANT CONCENTRATION SECTION							
BAKERY	CAR WASH	DOCTORS (NO XRAY)	FLORIST	FRESH FISH OUTLET	PRODUCE SHOP	HOTEL/TAVERN/NIGHT CLUB	LAUNDRY
MOTEL/ B&B	NURSERY	NURSING HOME	CAFÉ	RETAIL OUTLET	SCHOOLS	SERVICE STATION	SPORTS CLUB
UTILITY	OTHER: (PLEASE LIST)						

Application for Permit to Discharge Trade Waste to Sewer

---

**WASTE CHARACTERISTICS:**

DESCRIBE THE PROCESSES & ACTIVITIES GENERATING LIQUID WASTE (EG. PARTS WASHING, ACID BATH, GARBAGE GRINDERS)

1.
2.
3.
4.
5.
6.

**ALL OTHER ACTIVITIES:**

INCLUDE AVERAGE CONCENTRATION FOR THE FOLLOWING PARAMETERS AND ANY OTHER CONTAMINANTS IN THE WASTE STREAM. LIST OR DESCRIBE THE METHOD USED TO OBTAIN THE CONCENTRATION INFORMATION. REFER TO THE NOTES SECTION AT THE END OF THIS FORM FOR ASSISTANCE IN COMPLETING THIS SECTION

PARAMETER	CONCENTRATION	METHODOLOGY (IE. LABORATORY TESTS, LOAD ESTIMATE)
COD (CHEMICAL OXYGEN DEMAND)	MG/L	
TOTAL OIL & GREASE	MG/L	
TEMPERATURE	DEGREES C	
SUSPENDED SOLIDS	MG/L	
OTHER CHEMICALS OR METALS		
PH		

**CHEMICAL STORAGE**

LIST ANY CHEMICALS STORED ON SITE IN QUANTITIES GREATER THAN 50 KILOGRAMS. ATTACH MSDS FORMS

	CHEMICAL	MSDS FORM
1		
2		
3		
4		
5		

**TIME AND VOLUME OF TRADE WASTE DISCHARGES (DO NOT INCLUDE DOMESTIC SEWERAGE)**

WILL THE TRADE WASTE FLOW BE METERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
AVERAGE DAILY TRADE WASTE FLOW TO SEWER (IF KNOWN)	(KL/DAY) _____
ESTIMATE THE MAXIMUM DAILY FLOW TO SEWER (IF KNOWN)	(KL/DAY) _____
ESTIMATE THE MAXIMUM HOURLY FLOW (IF KNOWN)	(LITRES/HR) _____

**DISCHARGE TIMES:**

HOW OFTEN IS WASTE DISCHARGED?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: none;">FREQUENTLY (MOST DAYS)</td></tr> <tr><td style="border: none;">ONCE OR TWICE A WEEK</td></tr> <tr><td style="border: none;">ONCE OR TWICE A MONTH</td></tr> <tr><td style="border: none;">LESS THAN ONCE A MONTH</td></tr> <tr><td style="border: none;">OTHER (DESCRIBE)</td></tr> </table>	FREQUENTLY (MOST DAYS)	ONCE OR TWICE A WEEK	ONCE OR TWICE A MONTH	LESS THAN ONCE A MONTH	OTHER (DESCRIBE)
FREQUENTLY (MOST DAYS)						
ONCE OR TWICE A WEEK						
ONCE OR TWICE A MONTH						
LESS THAN ONCE A MONTH						
OTHER (DESCRIBE)						

**PRE TREATMENT DEVICES- EQUIPMENT MUST BE SERVICED AND MAINTAINED REGULARLY**  
**LIST ANY PRE-TREATMENT EQUIPMENT AND ARRANGEMENTS FOR MAINTENANCE**

EQUIPMENT/TREATMENT METHOD (GREASE ARRESTOR, SEPERATOR, PH CORRECTION FACILITY, BIOLOGICAL TREATMENT ETC)	CLEANING FREQUENCY (WEEKS)	MANUFACTURER/MAKE	CLEANING CONTRACTOR

**MONITORING**

	INCLUDED
SELF MONITORING PROGRAM- MUST BE SUPPLIED FOR HIGH STRENGTH WASTE DISCHARGES	<input type="checkbox"/>
SAMPLING POINTS- MUST BE PROVIDED IF THE DISCHARGE IS HIGH STRENGTH OR EXCEEDS 250KL/YR	<input type="checkbox"/>

**PLANS- ATTACH TWO COPIES OF 1:100 OR 1:200 PLANS SHOWING DETAILS AND LOCATIONS OF THE FOLLOWING ITEMS:**

	INCLUDED
PROCESSES, TANKS, PITS AND EQUIPMENT THAT GENERATE A LIQUID WASTE	<input type="checkbox"/>
PRE TREATMENT- INCLUDE FLOW DIAGRAMS, DEVICE DIMENSIONS, MATERIALS AND DOSING SYSTEMS.	<input type="checkbox"/>
DRAINAGE SYSTEMS- INCLUDE PIPES, CHANNELS AND DRAINS CONVEYING LIQUID WASTE STREAMS	<input type="checkbox"/>
SAMPLING LOCATIONS EXISTING A DESIGNATED SAMPLE POINT FROM EACH WASTE STREAM IDENTIFIED	<input type="checkbox"/>
FLOW MEASUREMENT EQUIPMENT	<input type="checkbox"/>

**ACKNOWLEDGMENT**

I HEREBY ACKNOWLEDGE TO ABIDE BY THE TERMS AND CONDITIONS OF DISCHARGING TRADE WASTE TO COUNCILS SEWER. I AM AWARE THAT SEVERE PENALTIES WILL APPLY SHALL MY PROPERTY NOT COMPLY WITH THE TRADE WASTE PERMIT/AGREEMENT.

THIS APPLICATION MUST BE SIGNED BY THE TRADE WASTE GENERATOR AND THE PROPERTY OWNER OR AUTHORISED AGENT IN WHICH AN ACCOMPANYING LETTER MUST BE ATTACHED.

\_\_\_\_\_ **DATE**

\_\_\_\_\_ **DATE**