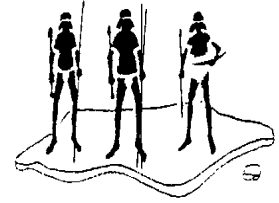


# Mornington Shire Council

Mission Road, Gununa  
C/- Post Office,  
Gununa QLD 4871

Telephone 07 4745 7200 Facsimile 07 4745 7275



Sewerage & Water  
Supply Act 1949

## Trade Waste

### Application for Permit to Discharge Trade Waste into Sewer

If you have any specific enquiries regarding how to complete this form or applicable fees please contact your Council or *SmartLicence* on 1300 363711.

Please complete this application in BLOCK LETTERS and tick boxes where applicable. If a question does not apply, please indicate by writing "n/a".

### Applicant/s details

If applicant is a Company,  
insert Company name and  
ACN / ARBN

Title	Title
Family Name	Family Name
Given Names	Given Names
Status of Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Authorised Agent	
I/ we being the owners or authorised agent and the waste generator of the premises described in section C of this form hereby make application to discharge trade waste from that premises into the Council's sewer.	

<b>Fee:</b>	Signature	Signature
	Position	Position
	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Contact details

<b>Circle as applicable</b>	Address (Private / Business)	
	Locality / Suburb	
	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Business Ph <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bus Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e-mail: _____

### Waste generator details

If different to above	Name of waste generator (lessee/tenant)	
	Address (Private / Business)	
<b>Circle as applicable</b>	Locality / Suburb	
	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Business Ph <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bus Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	e-mail: _____
	Signature	
	Position	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

### Details of waste

Refer to information sheet	Discharge Category 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
	Permits are issued for category 1 and 2 and an agreement is negotiated for category 3 waste.
	Trading / Business Name

<b>Please include shop/unit no.</b>	Address		
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Rating assessment no:		
Lot No.	Reg. plan no.	Parish	
<b>e.g: restaurant, dry cleaners, electroplaters, butcher etc.</b>	Nature of trade / business / industry		
<b>e.g. parts washing, acid bath, specific manufacturing processes, washing of utensils, plates etc.</b>	Number of pedestals installed on premises		
	List all processes and activities from which a trade waste will be generated		
<b>e.g. pH correction, grease trap, silt trap, balance tank, biological process, etc.</b>	Describe proposed/present method of pre-treatment of trade before discharge to sewer		

### Description of flow

<b>If continuous, insert continuous.</b>	Maximum daily discharge to sewer in litres
	Maximum rate of discharge in litres per hour
	Hours of the day and days of the week during which discharge will normally take place

### Volume of discharge

<b>N.B. The frequency of cleaning pre-treatment equipment will be detailed on the trade waste permit.</b>	Is water supply to the premises to be metered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Estimate of water supplied that is not discharged into sewer
	Basis for this estimate

Details of trade waste flow meter/measurement device (mandatory category 3; optional category 2)

Type	Location	Accuracy
<input type="checkbox"/> Permanent installation	<input type="checkbox"/> Temporary installation	
Name of contractor to be used to clean trade waste pre-treatment equipment		

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Business Ph <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bus Fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	e-mail: _____

Present/proposed frequency of cleaning pre-treatment equipment:

<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Other	Please state frequency	

Food disposal units on premises:	Motor size	Number
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**category 3 mandatory category 1 & 2 if requested.**

Nature of trade waste / physical and chemical parameters			
BOD	mg/L	Temperature	OC
COD	mg/L	pH	
Suspended solids	mg/L	Oil/grease	mg/L
Total dissolved solids	mg/L	Sulphur compounds	mg/L
Metals	<input type="checkbox"/> No	<input type="checkbox"/> Yes (see below)	
Other compounds	<input type="checkbox"/> No	<input type="checkbox"/> Yes (see below)	

If yes, list and give concentrations of metal/other chemicals


### Details of proposed self-monitoring program (category 3 only)

Identify/describe sampling point(s)

Sampling frequency
Sample type <input type="checkbox"/> Grab <input type="checkbox"/> Composite
Method of sample collection <input type="checkbox"/> Manual <input type="checkbox"/> Automatic sampler
Parameters to be analysed
NATA laboratory to be used
Method and frequency of transferring results to Council
List provisions made to allow for the measurement and sampling by Council of Trade Waste prior to entry to sewer

Give details of source of waste, volume, chemical analysis, frequency of analysis, and method of disposal.

### Trade Waste not discharged to sewer


### Attachments

Please attach three copies at scale 1:100 trade waste plumbing and drainage layout plans showing:

1. Detail and location of all [processes, tanks, pits and apparatus which are associated with the generation of trade waste;
2. Details of proposed pre-treatment processes/ apparatus showing:
  - Flow diagram
  - Capacity / dimensions, material of construction and lining, operation and maintenance of all tanks, pits, dosing systems, pH correction and pumps etc;
3. Details of pipes, floor channels and drains used to convey the trade waste effluent; and
4. Details of flow measurement equipment (if applicable)

### Lodgement:

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

**Please note: This application MUST be lodged with your Council.**

### Office use only

Application Fee:		Reg No.:	
Receipt Code		ID No.:	
Authorised Officer		Inspection Date	
Recommendation			
			Rec Number:
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account: Property Number:	