

Port Macquarie Hastings Council  
 PO Box 84, Port Macquarie NSW 2444  
 Port Macquarie Office: 6581 8111  
 Laurieton Office: 6559 9958  
 Wauchope Office: 6589 6500

## Liquid Trade Waste Service Contract **(Classification B & C)**

<b>Business Name</b>			
<b>Name of Applicant</b>			
<b>Telephone BH</b>		<b>Telephone AH</b>	
<b>Postal Address</b>			
<b>Site Address</b>			
<b>Type of Business (Mechanical Repairer, Take-away Food etc)</b>			
<b>Description of Business</b>			
<b>Take-away Food, Restaurants, Clubs, Motels/Hotels etc</b>			
<b>Number of meals served per day</b>			
<b>Seating capacity in total</b>			
<b>Description of Waste</b>			
<b>Biochemical oxygen demand (BOD5)</b>			mg/L
<b>Suspend solids (SS)</b>			mg/L
<b>Total oil and grease concentration</b>			Mg/L
<b>Maximum temperature</b>			°C
<b>pH range</b>			
<b>Description of Flow</b>			
<b>Maximum rate of discharge to sewer</b>			kL/hr or L/sec
<b>Maximum daily discharge to sewer</b>			kL
<b>Is there a water supply meter being installed</b>	Yes / No		

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Present/proposed Equipment (grease arrestor, oil water separator, cooling pit, etc)	
Type	
Size/Flow rate	
Proposed Cleaning Schedule of Pre-treatment Equipment and Name of Contractor(s) Used	
Documentation Required	
<p><b>2 copies of Plans indicating:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Details and location of all processes, tanks, pits and apparatus associated with the generation of industrial waste</li> <li><input type="checkbox"/> Details of the proposed waste treatment processes</li> <li><input type="checkbox"/> Details of pipes, floor drainage used to convey the effluent</li> <li><input type="checkbox"/> Details of flow measurement installed/proposed</li> <li><input type="checkbox"/> Details of any proposed treatment apparatus showing capacity/dimensions, material of construction and lining, operation and maintenance of all pits, tanks, dosing systems, pH correction, pumps, etc.</li> <li><input type="checkbox"/> Details of expected pollutants including substances contained in wash down detergents, boiler, cooling water or any other source</li> <li><input type="checkbox"/> Details of any chemicals used on-site (attach MSDS)</li> <li><input type="checkbox"/> Stormwater drainage details</li> </ul>	
Owner's Signature	
Date	

Office Use Only	
Application Received:	_____
Site Visit Conducted:	_____
Application:	Approved / Refused
Issue of Permit/Licence:	_____
Permit/Licence Number:	_____
Commencement of Discharge:	_____
Officer in Charge:	_____