

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 S)**

<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 Waste</b>	<input type="checkbox"/> Septage <input type="checkbox"/> Septic Tank Effluent <input type="checkbox"/> Portable Chemical Toilet (Building, Event Sites, Bus/Coach) <input type="checkbox"/> Liquid Galley Waste (Boats) <input type="checkbox"/> Toilet Waste (Boats)		
<b>Hours and Days of Discharge</b>	Mon – Fri:-	AM	PM
	Sat – Sun:-	AM	PM
<b>Odour Inhibiting and Other Chemicals Used (MSDS must be provided)</b>			
<b>Name of chemical added</b>			
<b>Dosage rate</b>			
<b>Proposed method of waste volume measurement</b>			
<b>Proposed method of discharge (including Plans and Drawings – where applicable)</b>			
<b>Disposal point information (including Plans and Drawings – where applicable)</b>			
<b>Proposed site security at disposal point to prevent unauthorised discharge to sewer</b>			
<b>Details of stormwater controls (including Plans and Drawings - where applicable)</b>			
<b>Odour control measures (where applicable)</b>			

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Description of Flow	
Maximum rate of discharge to sewer	kL/hr or L/sec
Maximum daily discharge to sewer	kL
Present/proposed Equipment (grease arrestor, 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>	
<b>Applicant's Signature</b>	
<b>Date</b>	

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