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Office:
Date://
Time:
Name:

### **Development Services**

1. Applicant Details (print or type)

Name

Company Name

# **Trade Waste Discharge Application Form**

Development Services | Gladstone – 101 Goondoon Street Gladstone Qld 4680 8.30 am to 5.00 pm Monday to Friday | Phone: (07) 4970 0700

Email: Building@gladstone.qld.gov.au

Privacy Statement: The personal information collected on this form will be used by Gladstone Regional Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other Local Government Acts. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law. This Council document is subject to the provisions of the *Right to Information Act 2009*.

To view the Trade Waste Management Plan to be used by Council in assessing Applications please link here.

		dress, you consent to to this application, e	
corresponde	Tice in relation	to this application, c	icci omcany.
Postal Addre	SS		
Suburb		Postcode	
Phone (Busin	ess Hours)		
Contact Pers	on		
Phone (Busin	ess Hours)		
ABN / ACN			
2. Site Ou			
2. Site Ow	r <b>ner</b> (if differer	nt to above)	
	•	nt to above)	
Tick if same a	as above	nt to above)	
Tick if same a	as above	nt to above)	
Tick if same a	as above	nt to above) Postcode	
Tick if same a Name Postal Addre	as above		
Tick if same a Name  Postal Addre Suburb	as above		
Tick if same a Name  Postal Addre Suburb	ss above		
Name  Postal Addre  Suburb  ABN /ACN	ss above		

#### 3. Property Details

Location					
Suburb			Postcode		
Property	/ Description				
Lot		Ρl	an		
Trade W	aste Meter No: (	if			
known, (	Category B)				
Water N	1eter No.				
(Categor	γA)				
Is the W	ater meter				
shared?					
			Yes	No	Unsure
If yes, by	how many				
Business	ses?				

### 4. Characteristics of Waste (please tick) **Low Risk Businesses**

Bakery	Car Wash	
Doctors / Dentists / Vets	Florist	
Fresh Fish Outlet	Produce Shop	
Hotel / Tavern / Night Club	Laundry	
Motel / B&B	Nursery / Landscaping	
Nursing Home	Café	
Retail Outlet	School	
Service Station (no cooking on site)	Sports Club	
Other (please specify) eg Hairdresser, Beauty Salon		

High Risk Businesses (may require a water analysis)

riight kisk businesses (may reduite a water analysis)			
Brewery	Butcher		
Concrete Batching Plant	Fast Food		
Fisheries (Processing)	Food Processor		
Hospital	Panel Beating / Spray		
	Painting		
Restaurant	Service Station		
	(Cooking on site)		
Take Away Food	Workshop/Mechanical		
	Engineering		
Other (Please specify) eg. Laboratories			

parts washing, acid bath, wash down pad, cooking food, general commercial cleaning)
1
2
3
4
5
6.

Describe the activities and process generating liquid waste (e.g.

## 7. Acknowledgement

I/We hereby auth	orize a Council Trade Waste	
Representative to	attend the site for approval	
and compliance in	nspections	
I/We hereby ackn	lowledge to abide by the	
terms and conditi	ons of discharging trade	
waste to Councils	Sewerage Infrastructure. I am	
aware that Trade	Waste approvals are the	
responsibility of t	he trade waste generator and	
that all fees and c	harges relating to the	
condition of an ap	oproval are the generator's	
responsibility.		
Date	Signature	

## Office Use Only

Amount Paid	
Receipt	
Number	
Licence Number	
Date	

## 6. Customer Summary

**Application Information Required** 

5. Waste Activities / Processes

Property Plans	
Drainage Plans	
MSDS Forms	
Plumbing Approvals Granted	
Approval Number:	
Application Fees as per 25/26 Fees and Charges	
Category A (Low strength Discharges) \$206	
Category B (High Strength Discharges) \$1,038	