



*fit for purpose*

# Application Approval to Discharge Tankered Waste to Sewerage Treatment Plant

*I/We, being the owner/s or authorised agent/s and the tankered waste carrier/s, with the business located at the premises described in Section A of this form, hereby make an application to discharge tankered waste to the Sewerage Treatment Plant as prescribed in the 'Approval to Discharge Tankered Waste' or as directed by Ipswich Water's Trade Waste Section.*

**Tankered Waste Approval Number**  (office use only)

## A. NAME AND ADDRESS OF TANKERED WASTE CARRIER OR AUTHORISED AGENT

Company Name \_\_\_\_\_

Contact Person Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address Street Number \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (business hours) \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Billing (If special arrangements are required for billing please supply full billing address)

Street/PO Box \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## B. NAME AND TELEPHONE NUMBER OF SUBCONTRACTOR

Subcontractor Name \_\_\_\_\_

Subcontractor Contact Number \_\_\_\_\_



### C. DETAILS OF TANKERED WASTE

Nature of trade/business/industry generating tankered waste (eg restaurant, dry cleaning, electro-platers, shopping centre)

\_\_\_\_\_

Categorise tankered waste type  Septage/Sullage Waste  Septic Waste  
 Other (please specify)

'Other' category waste requires appropriate analysis by a laboratory with NATA (National Association of Testing Authorities) registration prior to delivery to the Sewerage Treatment Plant. Please ensure you complete Section F Tankered Waste Analysis.

Address of Waste Generator Street Number \_\_\_\_\_ Street \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### D. DELIVERY DETAILS (if delivery will be outside normal business hours)

Maximum Daily Discharge \_\_\_\_\_ litres

Hours of the day and days of the week during which delivery will take place \_\_\_\_\_

\_\_\_\_\_

### E. VEHICLE DETAILS

Registration Number \_\_\_\_\_ Make \_\_\_\_\_ Carrying Capacity \_\_\_\_\_ litres

Environmental Works Licence Number \_\_\_\_\_ Date Approved \_\_\_\_\_

For multiple vehicles please add a separate sheet with the above information listed for each additional vehicle.

### F. TANKERED WASTE ANALYSIS (completion of Section F is only required if 'Other' was selected in Section C).

'Other' category waste requires appropriate analysis by a laboratory with NATA registration prior to delivery to the Sewerage Treatment Plant.

**If you require Ipswich Water to arrange a quote and analysis with a NATA registered laboratory on your behalf, please complete Section F 1 Waste Generator Details.**

**If you independently arrange an analysis with a NATA registered laboratory, please complete Section F 2 NATA Registered Laboratory Details and Analysis Results.**

#### F 1. WASTE GENERATOR DETAILS

Name \_\_\_\_\_

Address Street Number \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Date and time sample can be taken Date \_\_\_\_\_ Time \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Fax \_\_\_\_\_



## F 2. NATA REGISTERED LABORATORY DETAILS AND ANALYSIS RESULTS

Laboratory Name \_\_\_\_\_

NATA Registration Number \_\_\_\_\_

Address Street Number \_\_\_\_\_ Street \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

NATA Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Fax \_\_\_\_\_

Sampling Frequency \_\_\_\_\_

Sample Type  Grab/Composite  Method Sample Collected  Manual/Automatic Sampler

Standard results of analysis on tankered waste. Please ensure all fields are completed.

COD \_\_\_\_\_ mg/L Total Dissolved Salts \_\_\_\_\_ mg/L

Conductivity \_\_\_\_\_ mg/L pH \_\_\_\_\_

Sulphate \_\_\_\_\_ mg/L Oil/Grease \_\_\_\_\_ mg/L

Total Nitrogen \_\_\_\_\_ Total Phosphorous \_\_\_\_\_

Metals  Yes  No

Other  Yes  No If yes, please list (metals/other chemicals) \_\_\_\_\_

Additional Notes \_\_\_\_\_

### Please attach laboratory analysis results.

*I declare that to the best of my knowledge all information provided in this application is true and correct.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



[www.ipswichwater.com.au](http://www.ipswichwater.com.au)  
[ipswichwater@ipswich.qld.gov.au](mailto:ipswichwater@ipswich.qld.gov.au)



Commercial  
business unit of  
Ipswich City  
Council

#### Customer Service Centre

Phone (07) 3810 7855

Fax (07) 3281 4742

Ipswich City Square  
117 Brisbane Street  
(Cnr Bell Street)  
PO Box 191  
Ipswich QLD 4305  
Australia