



# Application for Permit to Discharge Tankered Waste to Wastewater Centre

**IPSWICH WATER | ABN 61 461 981 077**

Shop 101, Ipswich City Square, Bell Street, Ipswich QLD 4305

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Our Reference

Contact Officer

Telephone

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 wastewater Centre as prescribed in the 'Permit to Discharge Tankered Waste' or as directed by Ipswich Water's Trade Waste Section.

## A. Name and address of tankered waste carrier or authorised agent

### Details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Address

Street No.	Street		
<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	Mobile Number	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Billing** *If special arrangements are required for billing please supply full billing address.*

Street No.	Street	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. Name and telephone number of subcontractor

Subcontractor Name	Subcontractor Telephone Number
<input type="text"/>	<input type="text"/>

## C. Details of tankered waste

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

Type of tankered waste:  Septage waste  Sullage  Septic Waste  Other

Please specify

### Address of Waste Generator

Street No.	Street	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Results of test on commercial or industrial tankered waste

BOD	<input type="text"/>	mg/L	Total Dissolved	<input type="text"/>	mg/L
COD	<input type="text"/>	mg/L	pH	<input type="text"/>	
Suspended Solids	<input type="text"/>	mg/L	Oil/Grease	<input type="text"/>	mg/L
Sulphate	<input type="text"/>	mg/L	Metals	<input type="checkbox"/>	Yes <input type="checkbox"/> No
Other	<input type="checkbox"/>	Yes <input type="checkbox"/> No			
If yes, please list (metals/other chemicals) <input type="text"/>					

## Method of transferring results to Council

Solids	<input type="text"/>	Residue	<input type="text"/>	Chemicals	<input type="text"/>
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## D. Delivery Details

Maximum daily discharge  litres

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

## E. Vehicle Details

Registration Number	<input type="text"/>	Make	<input type="text"/>	Carrying capacity	<input type="text"/> litres
Waste management works licence number	<input type="text"/>	Date approved	<input type="text"/>		
Basis for estimation of volume discharged to wastewater centre <input type="text"/>					

## F. Tankered Waste Testing Details

If 'other' was ticked in Section C, of this form, do you require Ipswich Water to perform the test prior to delivery to the wastewater centre? If so, please complete section F 1 below, otherwise continue to section F 2

### F 1. Tankered Waste Testing Details

Do you require Ipswich Water to perform tests on the tankered waste at the rate set in Ipswich City Council's Register of General Charges?  Yes  No

Name and address of waste generator

<i>Name</i>		
<i>Street No.</i>	<i>Street</i>	
<i>Suburb</i>	<i>State</i>	<i>Postcode</i>

Date and time sample can be taken  Date  Time

Contact Person	Telephone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

## F 2. Details of NATA Approved Laboratory

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Name

NATA Approval No.

Address

<i>Street No.</i>	<i>Street</i>	
<i>Suburb</i>	<i>State</i>	<i>Postcode</i>

Contact Person

Telephone

Fax

Sampling frequency

Sample type: Grab/composite

Method sample collected

Manual/Automatic Sampler

Concentrations


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

Signature of Applicant

Date

