

Company details

Business Trading Name:

Business Owner's Name:

Type of business: (e.g. Café, Butcher, Service Station, Bakery)

Address of premises

Address:

Town:

State:

Postcode:

Mailing address

 Tick if same as premises address?

Address:

Town:

State:

Postcode:

Name of person responsible for trade waste management on site:

First name:

Surname:

Work phone:

Mobile:

Email address:

Would you prefer to save paper and time and have your trade waste consent sent to you by email? Yes No

Type of pre treatment (tick each one installed at your site):

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Grease Arrestor/Trap | <input type="checkbox"/> Cooling Pit | <input type="checkbox"/> Silt Trap | <input type="checkbox"/> Petrol/Oil Arrestor |
| <input type="checkbox"/> Corrugated Plate Separator | <input type="checkbox"/> Neutralizer | <input type="checkbox"/> Basket Arrestor | <input type="checkbox"/> DAF Plant |
| <input type="checkbox"/> Other: | | | |

What is the name of the licensed EPA contractor / approved service agent appointed to carry out the cleaning/servicing of the trade waste pre-treatment apparatus?

Cleanout / Maintenance Company Name

Provide details of your business that have the potential to generate liquid waste (tick each that applies):

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Washing Dishes | <input type="checkbox"/> Meat Processing | <input type="checkbox"/> Food/Vegetable Processing | |
| <input type="checkbox"/> Petrol/Oil Arrestor | <input type="checkbox"/> Vehicle Washing | <input type="checkbox"/> Auto Industry | <input type="checkbox"/> Laundry | <input type="checkbox"/> Floor Cleaning |
| <input type="checkbox"/> Other: | | | | |

Provide details of your business that have the potential to generate liquid waste (tick each that applies):

- | | | | | |
|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Oil / Fat / Grease | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Petrol / Oil | <input type="checkbox"/> Solvents | <input type="checkbox"/> Cyanide |
| <input type="checkbox"/> Petrol / Oil Arrestor | <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Acids/ Alkalis | <input type="checkbox"/> Dyes / Inks | <input type="checkbox"/> Disinfectants |
| <input type="checkbox"/> Heavy Metals | <input type="checkbox"/> Other: | | | |

Please indicate the number of the following kitchen and cleaning fixtures at the premises (number each box):

- | | | | |
|---------------------------------|--------------------|---------------------------------|-----------------|
| 0 Single bowl sink | 0 Double bowl sink | 0 Pot sink | 0 Cleaners sink |
| 0 Hands free basin | 0 Dishwasher | 0 Steam 'Combi' oven | |
| 0 Floor waste (food prep area) | 0 Bin wash area | 0 Wok table – number of burners | |
| <input type="checkbox"/> Other: | | | |

If a food outlet with seating, what is the maximum seating capacity approved by council?

Declaration

This application is to be signed by the person responsible for the management of Trade Waste at the business address as stated on this application and agrees to the following conditions:

- Comply with all requirements of Coliban Region Water Corporation's Trade Waste By-law No 11.
- Routinely clean and maintain pre-treatment equipment.
- Produce a copy of receipt to Coliban Region Water Corporation as evidence of the legal disposal of prescribed waste by EPA approved waste transporters.
- Take immediate action to resolve any non-compliance.
- Pay all Trade Waste fees and charges.
- Ensure that all works are in accordance with AS3500 National Plumbing and Drainage Code.
- Comply with the chemical parameter limits outlined in Coliban Region Water Corporation's By Law No 11.

Coliban Region Water Corporation retains the right to withdraw approval to discharge to the sewerage system at any time.

Signed by or on behalf of the occupier:

Signature: _____

Name:

Position:

Date: