



**TRADE WASTE**

**APPLICATION FOR PERMIT TO DISCHARGE TO SEWER**  
**(MISCELLANEOUS)**

**NAME AND ADDRESS OF PROPERTY OWNER  OR AUTHORISED AGENT**

*(Owner of the property or an agent authorised to act on the owner's behalf in all trade waste matters)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME AND ADDRESS OF TRADE WASTE GENERATOR**

*(Owner of the business who is generating trade waste to the sewer)*

Trading / Business

Name: \_\_\_\_\_

Business Premise

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

*(If same as above,  
please indicate)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DETAILS OF TRADE WASTE DISCHARGE**

*(Please specify)*

**Nature of Business / Industry / Trade conducted on business premise:**

*(For example: dentist, hair dresser, hospital, mechanical workshop, pet shop, service station, etc.)*

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**List all processes and activities conducted during regular operation of business where a discharge to the sewer is to occur:**

*(For example: mechanical workshop – engine wash down)*

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**Proposed / Present method of Pre-Treatment Arrestor:**

Type: \_\_\_\_\_

Brand: \_\_\_\_\_ Size: \_\_\_\_\_

Other information: \_\_\_\_\_

**Location of proposed / present Pre-Treatment Arrestor:**

*(Please note: the location of the Pre-Treatment Arrestor must allow unobstructed access by Burdekin Shire Council)*

**Location of arrestor**

- Inside Building
- Outside Building

Specific location: \_\_\_\_\_



### MAINTENANCE OF GREASE ARRESTOR

*(All Pre-Treatment Arrestors must be regularly cleaned, maintained and the residual waste removed by a licensed contractor)*

#### **Licensed Contractor employed for removal of residual waste in Pre-Treatment Arrestor:**

Contractor Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Current Removal Frequency:  Weeks - \_\_\_\_\_  Months - \_\_\_\_\_

#### **Licensed Contractor employed for maintenance / servicing of Pre-Treatment Arrestor:**

Contractor Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Current Service Frequency:  Weeks - \_\_\_\_\_  Months - \_\_\_\_\_

### HOURS OF BUSINESS OPERATIONS

	Open	Close
Monday:	am / pm	am / pm
Tuesday:	am / pm	am / pm
Wednesday:	am / pm	am / pm
Thursday:	am / pm	am / pm
Friday:	am / pm	am / pm
Saturday:	am / pm	am / pm
Sunday:	am / pm	am / pm

### OTHER INFORMATION

Area of Irrigated Gardens: \_\_\_\_\_  
*(If property is irrigated using automatic sprinklers only)*

Number of Toilet Pedestals  
installed on Premise: \_\_\_\_\_



## DECLARATION

*(Signatures are required by all parties – Property Owner / Authorised Agent and Trade Waste Generator)*

### **Property Owner / Authorised Agent:**

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Trade Waste Generator (Business Owner):**

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

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED APPLICATION AND APPLICATION FEE OF \$35.90 TO:**

**Trade Waste Officer  
Burdekin Shire Council  
PO Box 974  
AYR QLD 4807**

OFFICE USE ONLY	
<b>Application Received</b>	
Officer: _____	Date: _____
<b>Application Processed</b>	
Officer: _____	Date: _____
Trade Waste Permit No: _____	Property No: _____
<b>Application Fee Received</b>	
Officer: _____	Date: _____