

SHOALHAVEN CITY COUNCIL  
Shoalhaven Water Group

**APPLICATION TO DISCHARGE LIQUID TRADE WASTE TO THE SEWERAGE SYSTEM  
(FORM A8 – MISCELLANEOUS CATEGORY 1 ACTIVITIES)**

Local Government (General) Regulation 2005, Part 2

**IMPORTANT  
READ THESE  
INSTRUCTIONS  
BEFORE  
COMPLETING  
THIS FORM**

- (a) Use a black or blue ink pen and except for signatures print responses in block letters.
- (b) Unless otherwise indicated a response **must** be entered in each space provided, should the information requested not be relevant to your circumstances print 'N/A' for Not Applicable.
- (c) If the space allocated for any response is insufficient print in that space 'SEE ATTACHMENT OF ? PAGE(S)' replacing '?' by the number of pages attached. Each page of attachments should be signed and dated by the applicant's signatory and titled with the name of the section about which it provides information (eg. 10. DISPOSAL OF LIQUID WASTES OTHER THAN TO THE SEWERAGE SYSTEM)

**PART A**

(To be completed by the applicant seeking approval to discharge liquid trade waste to Council's sewerage system.)

**NB.** The applicant may be either the owner of premises from which liquid trade waste will be discharged **or** the occupier/operator of the premises conducting the activity which generates the liquid trade waste to be discharged.)

**1. TRADING NAME OF OCCUPIER/OPERATOR** What is the trading name of the occupier/operator who will conduct the nominated activity at the premises?

If the occupier/operator has no trading name and is **not** the applicant their registered company or other organisation name or Individual name(s) is to be entered below.

**2. LOCATION OF PREMISES** What is the address of the premises where the nominated activity will be conducted and from which the liquid trade waste will be discharged to Council's sewerage system?

Shop/Unit No.	<input type="text"/>	Premises Name (eg. Stockland Nowra)	<input type="text"/>
Street No.	<input type="text"/>	Street Name	<input type="text"/>
Town or Locality	<input type="text"/>	Post Code	<input type="text"/>

**3. SITE CONTACT** Who will be the contact responsible for liquid trade waste matters at the premises?

Name of Contact	<input type="text"/>	Position	<input type="text"/>
Phone No. (Business/Hours)	<input type="text"/>	Phone No. (After/Hours)	<input type="text"/>
Email	<input type="text"/>	Mobile Phone No.	<input type="text"/>

----- Council Use Only -----

Application Fee Paid	\$ <input type="text"/>	Receipt No.	<input type="text"/>	Date Paid	<input type="text"/>	Application No.	<input type="text"/>
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**4. TYPE OF ACTIVITY / PREMISES** Indicate, by ticking the adjacent box, which of the following types of activities / premises will discharge liquid trade waste to the sewerage system. Leave other boxes blank.  
**NB.** If the type of activity / premises does not fit one of the descriptions in this section do **not** use this application form.

<b>ANIMAL WASHING / GROOMING</b>										
<b>BEAUTICIAN</b>										
<b>BED AND BREAKFAST</b> (With registration by Council as such and accommodating no more than 10 persons including proprietor and family at any time)										
<b>COOLING TOWER</b> (With cooling tower discharge to be the only source of liquid trade waste discharged to the sewerage system and rate of discharge not exceeding 500 L/h)										
<b>DENTAL SURGERY</b> Circle 'YES' or 'NO' if any photographic X-ray development is undertaken at premises If 'YES' provide details as required at Question 10 YES / NO										
Circle 'YES' or 'NO' to indicate if plaster moulds will be prepared on the premises. YES / NO										
<b>DENTAL TECHNICIAN</b> Circle 'YES' or 'NO' if any photographic X-ray development is undertaken at premises If 'YES' provide details as required at Question 10 YES / NO										
Circle 'YES' or 'NO' to indicate if plaster moulds will be prepared on the premises. YES / NO										
<b>DOCTOR'S SURGERY</b> Circle 'YES' or 'NO' if any photographic X-ray development is undertaken at premises If 'YES' provide details as required at Question 10 YES / NO										
Does not include a doctor's premises located within a hospital or medical teaching facility										
Circle 'YES' or 'NO' to indicate if plaster casts will be prepared on the premises? YES / NO										
<b>FLORIST</b> (Not being a retail or wholesale plant/flower nursery)										
<b>FRUIT AND VEGETABLE SHOP</b> (Retail operation only on premises)										
<b>FUNERAL PARLOUR</b> (Being a stand-alone premises <b>only</b> , does not include morgue located in a hospital or medical teaching facility)										
<b>HAIRDRESSER / BARBER</b>										
<b>JEWELLERY SHOP</b> (Being a retail premises <b>only</b> and generating liquid trade waste from any of the following operations)										
Circle 'YES' or 'NO' to indicate which operations will be conducted on the premises.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td>Ultrasonic washing</td> <td>YES / NO</td> </tr> <tr> <td></td> <td>Metal plating (mini-plater)</td> <td>YES / NO</td> </tr> <tr> <td></td> <td>Precious stone cutting</td> <td>YES / NO</td> </tr> </table>		Ultrasonic washing	YES / NO		Metal plating (mini-plater)	YES / NO		Precious stone cutting	YES / NO
	Ultrasonic washing	YES / NO								
	Metal plating (mini-plater)	YES / NO								
	Precious stone cutting	YES / NO								
<b>OPTICAL PROCESSES</b> (Being a retail facility either stand alone or located in a shopping centre selling spectacles and/contact lenses)										
Circle 'YES' or 'NO' to indicate if glass or plastic cutting and/or grinding will be conducted on the premises.	YES / NO									
<b>PET SHOP</b> (Retail premises only – where animals are kept and/or washed)										
<b>VENETIAN BLIND CLEANING</b>										
<b>VETERINARY SURGERY</b> Circle 'YES' or 'NO' if any photographic X-ray development is undertaken at premises If 'YES' provide details as required at Question 10 YES / NO										
Circle 'YES' or 'NO' Consulting rooms YES / NO Surgery YES / NO										

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**5. REQUIRED PRE-TREATMENT EQUIPMENT** For the activity/premises nominated in Section 4 Part A of this application indicate the status of the required pre-treatment equipment. Leave other boxes blank.

ACTIVITY / PREMISES TYPE	PRE-TREATMENT EQUIPMENT REQUIRED FOR ACTIVITY/PREMISES TYPE	STATUS ('EXISTING' 'PROPOSED' or 'NOT APPLICABLE')		
<b>ANIMAL WASHING /GROOMING</b>	Waste arrestor with fixed screen for all floor waste drains and screens or hair traps for all sink outlets.			
<b>BEAUTICIAN</b>	None Required	Not Applicable		
<b>BED AND BREAKFAST</b>	Sink strainers in food preparation areas			
<b>COOLING TOWER</b>	None Required	Not Applicable		
<b>DENTAL SURGERY</b>	Amalgam traps for all dental chairs <b>NB.</b> A plaster arrestor is required for dental surgeries if plaster moulds are to be prepared.			
<b>DENTAL TECHNICIAN</b>	A plaster arrestor is required for dental technicians if plaster moulds are to be prepared.			
<b>DOCTOR'S SURGERY</b>	A plaster arrestor is required for a doctor's surgery if plaster casts are to be prepared.			
<b>FLORIST</b>	Waste arrestor with fixed screen for all floor waste drains and screens for all sink outlets.			
<b>FRUIT AND VEGETABLE SHOP</b>	Waste arrestor with fixed screen for all floor waste drains and screens for all sink outlets.			
<b>FUNERAL PARLOUR</b>	Waste arrestor with fixed screen for all floor waste drains and mesh screen at drainage outlet of any autopsy table.			
<b>HAIRDRESSER / BARBER</b>	Waste arrestor with fixed screen for all floor waste drains and screens for all sink outlets.			
<b>JEWELLERY SHOP</b>	If precious stone cutting is undertaken and the discharge is - <ul style="list-style-type: none"> <li>• Less than 1,000 litres/day a plaster arrestor is required.</li> <li>• Greater than 1,000 litres/day a general purpose pit is required.</li> </ul>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> </tr> </table>		
<b>OPTICAL PROCESSES</b>	If glass/plastic cutting/grinding is undertaken a solids settlement/tank pit is required.			
<b>PET SHOP</b>	Waste arrestor with fixed screen for all floor waste drains and screens or hair traps for all sink outlets.			
<b>VENETIAN BLIND CLEANING</b>	None Required	Not Applicable		
<b>VETERINARY SURGERY</b>	Basket waste arrestor with fixed screen for all floor waste drains where animals are kept. Hair traps or screens for all treatment table and sink outlets.			

**6. VOLUMETRIC CAPACITY OF PIT OR TANK REQUIRED FOR LIQUID TRADE WASTE PRE-TREATMENT**

What is the volumetric capacity of the pit or tank required for pre-treatment of the liquid trade waste?

	Litres
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**7. REASON FOR APPLICATION** Indicate by ticking the appropriate box the circumstances pertaining to this application for approval to discharge liquid trade waste to Council's sewerage system.

- New Discharger (First occupation of premises or a change of use at premises requiring a non-liquid trade waste discharger to obtain an approval)
- Development Application or Subdivision File related to above (indicate DA or SF)?
- Existing trade waste discharger not possessing a current approval.
- Discharger with current approval but proposing changes to the nature of the activity conducted or the volume / quality of liquid trade waste discharged.
- Change of applicant or property owner for a current approval (**No other changes**).
- Renewal of a current approval with **no changes** to the nature of the activity conducted or volume / quality of liquid trade waste discharged.

**8. LIQUID TRADE WASTE DISCHARGE VOLUMES** Estimate the **maximum daily** and **maximum instantaneous** volumetric rates of liquid trade waste discharge to the sewerage system.

(If unable to provide estimates print 'UNKNOWN' in boxes)

Kilolitres/day

Litres/second  
(instantaneous flow)

**9. TRADING HOURS** What are the normal trading hours for the nominated activity? (eg. 9.00 am to 5.00 pm, Mondays to Fridays, 10.00 am to 1.30pm Saturdays)

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**10. DISPOSAL OF LIQUID WASTES OTHER THAN TO THE SEWERAGE SYSTEM** Will any liquid wastes be disposed of by means other than discharge to the sewerage system?

( Enter 'YES' or 'NO' )

If 'YES' provide details describing the nature of the liquid waste, means of its disposal, approximate volumes, frequency of disposal and where applicable the name and contact details of any company/person(s) collecting the liquid waste.

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**11. OPEN AREA DISCHARGE TO THE SEWERAGE SYSTEM**

Are there any areas (eg. unroofed or roofed but not bunded or otherwise protected) which could collect rainwater and subsequently discharge it to Council's sewerage system?

(Enter 'YES' or 'NO')

**12. SUBSTANCES PROHIBITED FROM BEING DISCHARGED TO THE SEWERAGE SYSTEM**

It is **important** that this section be read and understood as discharging prohibited substances to the sewerage system, other than in accordance with the conditions of a liquid trade waste approval is an offence.

The following substances **shall not** be included in the liquid trade waste:

- o Organochlorine weedicides, fungicides, pesticides, herbicides and substances of similar nature and/or wastes arising from the preparation of these substances;
- o Organophosphorus pesticides and/or waste arising from the preparation of these substances;
- o any substance liable to produce noxious or poisonous vapours in the sewerage system;
- o organic solvents or mineral oils;
- o any flammable or explosive substances;
- o discharges from 'Bulk Fuel Depots';
- o chromate from cooling towers;
- o natural or synthetic resins, plastic monomers, synthetic adhesives and rubber or plastic emulsions;
- o roof, rain, surface, seepage or ground water unless specifically permitted (clause 137A of the Local Government (General) Regulation 2005);
- o solid matter;
- o any substance assessed as not suitable to be discharged to the sewerage system;
- o waste liquids that contain pollutants at concentrations which inhibit the sewerage treatment process - refer Australian Sewage Quality Management Guidelines, June 2012, WSAA;
- o any other substances listed in a relevant regulation.

**13. ADDITIONAL INFORMATION**

Where required by Council the following information is to be supplied as attachments to this application.

- A list of all substances / chemicals used or stored on site.
- Material Safety Data Sheets (MSDS) for the above.
- Site plan and/or internal drainage diagram.
- Details of liquid trade waste pre-treatment equipment ( eg. dimensions, technical specifications)

Applicant is to initial and date any attachments supplied as part of this application.

Where any of the above additional information has been supplied with this application please indicate the number of pages of attachments?

Number of pages of attachments (Enter a number or 'NIL')

***Privacy Notification***

*The information requested on this form is being collected by Shoalhaven City Council for Council and Department of Primary Industries, Water (DPI Water) for purposes associated with the discharge of Liquid Trade Waste. This information is required under the NSW Government's Liquid Trade Waste Management Guidelines for the administration of the Local Government Act, 1993. The information will be used by Council or DPI Water officials for the purpose mentioned or a directly related purpose. The information may be forwarded to current or new, owners or applicants. You may apply to Council for access or amendment of the information at any time.*

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**14. APPLICANT'S DETAILS AND DECLARATION** If more than two (2) applicants, photocopy this page while blank, complete and attach to application.

Indicate by ticking the adjacent box the status of applicant(s) seeking approval to discharge liquid trade waste to Council's sewerage system.

Land owner and occupier/operator of the premises for the purpose of conducting the nominated activity.

Land owner leasing premises to occupier/operator who will conduct the nominated activity.

Occupier/operator leasing premises for the purpose of conducting the nominated activity.

Registered company name or if not a registered company the name of the other organization or individual(s) making this application for approval to discharge liquid trade waste to Council's sewerage system.

Applicant 1.

Applicant 2.

ACN:

ABN:

Company's registered address or if not a registered company, the address of other organisation or home address(es) of individual applicants.

Applicant 1.   
.....  
Post Code

Applicant 2.   
.....  
Post Code

Address for correspondence concerning liquid trade waste.   
.....  
Post Code

I hereby apply for approval to discharge liquid trade waste to Council's sewerage system and undertake to Council that :

- I have the authority to make the statements set out in this application and give the undertakings set out below
- The information supplied on this application form and any included attachments, is to the best of my knowledge accurate, relevant and complete.
- The applicant will comply with all the requirements of an approval to discharge liquid trade waste to the sewerage system and if required a liquid trade waste agreement.

Signatory's Name  
(Please print)

Phone No.

Signatory's Position

Email

Signature

Date

**NB.** Signatory to be an authorised officer representing the applicant(s) (eg. Owner, director, manager but **not** a consultant, contractor or agent acting on their behalf.)

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**PART B**

To be completed by the owner(s) of the premises at the address described in Section 2. Part A of this form and from which liquid trade waste shall be discharged to Council's sewerage system.

**1. PROPERTY DESCRIPTION** Provide the property description details for the premises described in Section 2. Part A of this application from which the liquid trade waste will be discharged to sewer.

D.P. or S.F. Number (Indicate whether D.P. or S.F.)	Section Number (If applicable)	Lot Number(s)

**2. RATES ASSESSMENT No.** Assessment No. from most recent rates notice.

**3. PREMISES OWNER'S DETAILS AND DECLARATION** Signatory must be person authorised to sign on behalf of the premises owner. (**Not** to be managing agent, consultant or other)

Registered company name or if not registered company the name of other organization or individual(s) owning the premises which is the subject of this application for approval to discharge liquid trade waste to Council's sewerage system.

ACN:  ABN:

Company's registered address or if not a registered company, the address of other organisation or home address(es) of individual owners.

Post Code

I hereby give consent to this application for approval to discharge liquid trade waste to Council's sewerage system and undertake to Council that:

- I have the authority to give such consent on behalf of the premises owner(s).
- I have read the completed Part A of this application.
- I am aware the premises owner shall be billed for trade waste fees and charges.  
**NB.** Any re-imbusement of the premises owner (lessor) for trade waste fees and charges by the occupier (lessee) is a matter for the lessor and lessee.

Signatory's Name  
(Please print)

Phone No.

Signatory's Position

Email

Signature

Date

**NB.** Signatory to be an authorised officer representing the premises owner(s) (eg. Owner, director, manager but **not** a consultant, contractor or agent acting on their behalf.)