

SHOALHAVEN CITY COUNCIL
Shoalhaven Water Group

**APPLICATION TO DISCHARGE CHEMICAL TOILET WASTE
TO COUNCIL SEWERAGE SYSTEM**

(FORM A11 – Chemical Toilet Waste Disposal 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 attach additional page(s) with this information. Each page of such attachments should be titled with the number and name of the section about which it provides information (eg. 7. CHEMICAL ADDITIONS) and signed and dated by the applicant.

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.

PART A

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

1. IDENTITY OF PREMISES OCCUPIER/OPERATOR

Provide the following details for the occupier/operator with overall responsibility for chemical toilet waste discharges at the premises given in Section 2, Part A of this form.

Trading Name

Registered Company,
other Organisation or
Individual(s) Name(s)

ACN:

ABN:

2. ADDRESS OF PREMISES

What is the address of the premises from which chemical toilet waste will be discharged to Council's sewerage system?

Shop/Unit No.

Premises Name
(eg. Stockland Nowra)

Street No.

Street Name

Town or Locality

Post Code

3. CONTACT AT PREMISES

Person at above premises to be contacted in regard to the discharge of chemical toilet waste?

Name of Contact

Position

Phone No.
(Business/Hours)

Phone No.
(After/Hours)

Fax No.

Mobile Phone
No.

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

Application
Fee Paid

\$

Receipt
No.

Date
Paid

Application
No.

-

4. REASON FOR APPLICATION Indicate by ticking the appropriate box or combination of boxes the reason(s) for lodging this application for approval to discharge chemical toilet waste to Council's sewerage system.

First occupation of premises / change of use or additional use at existing premises.

☐

Development Application, Subdivision or Strata Plan File number related to above.
(Indicate whether DA, SF or SP)

Existing discharger of chemical toilet waste **not** possessing a current approval.

☐

Renewal of an existing approval without change to current approval conditions.

☐

Change of applicant and / or premises owner for an existing approval.

☐

Variation to current approval conditions required. (eg. Volume discharged)

☐

5. PRIMARY BUSINESS ACTIVITY What is the main business or activity conducted at the premises from which chemical toilet waste will be discharged to the sewerage system? (eg. Caravan park, train station, equipment hire, marina)

6. NATURE OF CHEMICAL TOILET WASTE Indicate the source of all chemical toilet waste that will be discharged to Council's sewerage system at the premises? (eg. Caravans, motor homes, portable toilets from building/events sites, trains, boats)

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7. CHEMICAL ADDITIONS Indicate the type and rate of any known chemical additions to the chemical toilet waste which is discharged to Council's sewerage system from the premises.

Name of Chemical (NB. Material Safety Data Sheets must be provided.)	Rate of Chemical Addition (i.e. amount of chemical per volume of chemical toilet waste)

8. DISCHARGE VOLUMES Estimate the **maximum** volume of chemical toilet waste that will be discharged to Council's sewerage system. Where possible attach calculations showing how these estimates were determined.

	Litres/day
	Litres/year
	Litres/sec

9. DELIVERY / HANDLING METHOD Indicate by ticking the appropriate box or combination of boxes how the chemical toilet waste will be delivered to / handled at the receiving premises nominated in Section 2, Part A of this application.

Collected by tanker and transported to receiving premises for discharge.

☐

Individual portable toilets or their removable cassettes transported to receiving premises for discharge.

☐

Decanted directly from holding tank of caravan, motor home or vessel etc via hose at receiving premises.

☐

Cassettes removed from caravan, motor home or vessel etc at receiving premises prior to discharge.

☐

Other Methods of Delivery / Handling (Please describe):

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10. TRADING HOURS / DISCHARGE TIMES What are the normal trading hours for the operation and the times between which chemical toilet waste is to be discharged to the sewerage system? (eg. 9.00 am to 5.00 pm, Mondays to Fridays, 10.00 am to 1.30pm Saturdays).

Trading
hours:.....

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.....

Liquid trade waste discharge times (If as per trading hours print ' AS ABOVE' in space below):

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11. CONTROL OF DISCHARGE RATE How will the rate of chemical toilet waste discharged to Council's sewerage system be controlled? (eg. Pump, valve)

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12. MEASUREMENT OF DISCHARGE VOLUME By what means will the volume of chemical toilet waste discharged to Council's sewerage system be measured? (Attach technical specifications for flow meters, pumps etc)

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13. PRE-TREATMENT What chemical / physical methods are proposed to treat the chemical toilet waste prior to, or during discharge to the sewerage system? (eg. Chlorine addition for odour control, flushing with water, screening / maceration to remove solids)

14. SECURITY ARRANGEMENTS What measures will be in place to secure the area and so prevent the unauthorised / uncontrolled discharge of chemical toilet waste to Council's sewerage system?

15. PREVENTION OF RAINWATER INGRESS What measures will be taken to prevent rainwater from entering Council's sewerage system at the site where chemical toilet waste is discharged? (eg. Roofing, bunding)

16. 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 an approval is an offence.
Prohibited substances are:

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

17. ADDITIONAL INFORMATION REQUIRED

The following information is to be supplied as attachments to this application.

- A list of all substances / chemicals and quantities thereof used or stored on the premises. (Applicant to initial and date each page)
- Material Safety Data Sheets (MSDS) conforming to the requirements of the Australian Standards for each of the substances / chemicals used or stored on the premises other than domestic cleaners and detergents.
- Two (2) copies of the site plan showing location of facilities to be used for the discharge of chemical toilet waste to the sewerage system. (Applicant to initial and date each page)
- Two (2) copies of an internal drainage diagram for the premises showing all pipes, floor drains, and sewer / stormwater drains. (Applicant to initial and date each page)
- A diagram of the facilities to be used for the discharge of chemical toilet waste to the sewerage system. This should detail any tanks, roofing, bunding, screens, macerators, pumps, flow meters etc.
- Work methods and operational procedures for discharging chemical toilet waste to the sewerage system.
- Any relevant Environmental Impact Statements, Department of Environment and Conservation considerations/restrictions or consultant's reports.

Number of pages of attachments relating to above requirements

18. 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 chemical toilet 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 chemical toilet 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 chemical toilet
waste.

Post Code

I hereby apply for approval to discharge chemical toilet 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 conditions of an approval to discharge chemical toilet waste to Council's sewerage system.

Name (Print)

Phone No.

Position

Fax No.

Signature

Date

/	/
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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.)

PART B

(To be completed by the owner(s) of the premises at the address given in Section 2. Part A of this application form, being that premises from which the discharge of chemical toilet waste to Council's sewerage system will occur.)

1. PROPERTY DESCRIPTION Provide the property description details for the premises at the address given in Section 2. Part A of this application form, being that premises from which the discharge of chemical toilet waste to Council's sewerage system will occur.

D.P. , S.P. or S.F. Number
(Indicate whether D.P., S.P. or S.F.)

Section Number
(If applicable)

Lot Number(s)

2. RATES ASSESSMENT No. Rates assessment No. for the above property:

3. PREMISES OWNER'S DETAILS AND DECLARATION 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)

Enter the registered company name or, if not a registered company, the name of other organization or individual(s) owning the premises identified in Section 2. Part A and Section 1. Part B of this application form, being that premises from which the discharge of chemical toilet waste to Council's sewerage system will occur.

ACN:

ABN:

Enter the above company's registered address, or if not a company, the address of other organisation or home address of individual premises owners. If insufficient space for multiple addresses attach a separate sheet with this information.

..... Post Code
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I hereby give consent to this application for approval to discharge chemical toilet 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 any fees and charges related to the discharge of chemical toilet waste. **NB.** Any re-imbursement of the premises owner (lessor) for fees and charges related to the discharge of chemical toilet waste by the occupier (lessee) is a matter for the lessor and lessee.

Name (Print)

Phone No.

Position

Fax No.

Signature

Date