

Office: .....
Date: ...../...../.....
Time: .....
Name: .....

## Development Services Trade Waste Discharge Application Form

Development Services | Gladstone – 101 Goonoon Street Gladstone Qld 4680  
8.30 am to 5.00 pm Monday to Friday | Phone: (07) 4970 0700

Email: [Building@gladstone.qld.gov.au](mailto:Building@gladstone.qld.gov.au)

Privacy Statement: The personal information collected on this form will be used by Gladstone Regional Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the *Local Government Act 2009 and other Local Government Acts*. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law. This Council document is subject to the provisions of the *Right to Information Act 2009*.

To view the Trade Waste Management Plan to be used by Council in assessing Applications please link [here](#).

### 1. Applicant Details (print or type)

Name

Company Name

Email Address (non-mandatory requirement)  
 By providing your email address, you consent to receiving all correspondence in relation to this application, electronically.

Postal Address

Suburb	<input type="text"/>	Postcode	<input type="text"/>
--------	----------------------	----------	----------------------

Phone (Business Hours)

Contact Person

Phone (Business Hours)

ABN / ACN

### 2. Site Owner (if different to above)

Tick if same as above

Name

Postal Address

Suburb	<input type="text"/>	Postcode	<input type="text"/>
--------	----------------------	----------	----------------------

ABN / ACN

Contact Person

Phone

Signature (MUST be completed)

### 3. Property Details

Location

Suburb	<input type="text"/>	Postcode	<input type="text"/>
--------	----------------------	----------	----------------------

Property Description

Lot	<input type="text"/>	Plan	<input type="text"/>
Trade Waste Meter No: (if known, Category B)	<input type="text"/>		
Water Meter No. (Category A)	<input type="text"/>		
Is the Water meter shared?	Yes	No	Unsure
If yes, by how many Businesses?	<input type="text"/>		

### 4. Characteristics of Waste (please tick)

#### Low Risk Businesses

Bakery	<input type="checkbox"/>	Car Wash	<input type="checkbox"/>
Doctors / Dentists / Vets	<input type="checkbox"/>	Florist	<input type="checkbox"/>
Fresh Fish Outlet	<input type="checkbox"/>	Produce Shop	<input type="checkbox"/>
Hotel / Tavern / Night Club	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Motel / B&B	<input type="checkbox"/>	Nursery / Landscaping	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	Café	<input type="checkbox"/>
Retail Outlet	<input type="checkbox"/>	School	<input type="checkbox"/>
Service Station (no cooking on site)	<input type="checkbox"/>	Sports Club	<input type="checkbox"/>
Other (please specify) eg Hairdresser, Beauty Salon		<input type="text"/>	<input type="checkbox"/>

#### High Risk Businesses (may require a water analysis)

Brewery	<input type="checkbox"/>	Butcher	<input type="checkbox"/>
Concrete Batching Plant	<input type="checkbox"/>	Fast Food	<input type="checkbox"/>
Fisheries (Processing)	<input type="checkbox"/>	Food Processor	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Panel Beating / Spray Painting	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	Service Station (Cooking on site)	<input type="checkbox"/>
Take Away Food	<input type="checkbox"/>	Workshop/Mechanical Engineering	<input type="checkbox"/>
Other (Please specify) eg. Laboratories		<input type="text"/>	<input type="checkbox"/>

**5. Waste Activities / Processes**

Describe the activities and process generating liquid waste (e.g. parts washing, acid bath, wash down pad, cooking food, general commercial cleaning)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

**6. Customer Summary**

Application Information Required

Property Plans	
Drainage Plans	
MSDS Forms	
Plumbing Approvals Granted Approval Number:	
Application Fees as per 24/25 Fees and Charges Category A (Low strength Discharges) \$196 Category B (High Strength Discharges) \$989	

**7. Acknowledgement**

I/We hereby authorize a Council Trade Waste Representative to attend the site for approval and compliance inspections	
I/We hereby acknowledge to abide by the terms and conditions of discharging trade waste to Councils Sewerage Infrastructure. I am aware that Trade Waste approvals are the responsibility of the trade waste generator and that all fees and charges relating to the condition of an approval are the generator's responsibility.	
Date	Signature

**Office Use Only**

Amount Paid	
Receipt Number	
Licence Number	
Date	