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Office:
Date:/
Time:
Name:

Development Services

Tankered Waste Application Form – Special Disposal

Development Services Gladstone – 101 Goondoon Street Gladstone Qld 48.30 am to 5.00 pm Monday to Friday Phone: (07) 4970 0700	4680			
Email: info@gladstone.qld.gov.au				
Privacy Statement: The personal information collected on this form will be used by undertaking associated Council functions and services. Council is authorised to colle other Local Government Acts. Your personal information will not be disclosed to any to This Council document is subject to the provisions of the Right to Information Act 200	ct this information third party without	in accordance with the	Local Government	Act 2009 and
To view the Trade Waste Management Plan to be used by Council in assessing Applications please link <u>here</u> .	Site Details Location			
Applicant Details (print or type)	Codecode		Dantanda	
Name	Suburb Property De	escription	Postcode	
Company Name	Lot	ESCRIPTION	Plan	
	LOT		T Idii	
Email Address (non-mandatory requirement) By providing your email address, you consent to receiving all correspondence in relation to this application, electronically.	Type of pro	cess/activity gene	erating liquid v	vaste
Postal Address				
Suburb Postcode				
Phone (Business Hours)				
Contact Person	Proposed p	re-treatment equ	ipment	
Contact Ferson				
Phone (Business Hours)	Proposed d	ischarge volume		
ABN / ACN	kL/day		Total	
Site Owner (if different to above)	Physical and chemical characteristics (including expected maximum and average concentrations of pollutants before and after pre-treatment)			
Tick if same as above				
Name				
Postal Address				
Suburb Postcode				
ABN /ACN	۸ مامائد: م		£ a a.t. a.d. la	. (: !)
	Any additio	nal information (i	requested by	(Council)
Contact Person				
Phone				
Signature (MUST be completed)				

Terms and Conditions

Applicants must ensure that analytical tests are carried out by laboratories that hold National Association of Testing Authorities (NATA) accreditation for the class of test(s) or specific test(s) for substances specified in an application

Declaration

I have received, read and understood the conditions to discharge tankered waste to Gladstone Regional Council's sewerage system and agree to abide by those conditions. I understand that failure to do so may result in the withdrawal of my approval for discharging tankard waste to Gladstone Regional Council's sewerage system.

I/we, declare that all of the information provided on this application is true and correct, and that I have the authority to make the statements and give the undertakings included within it.

Print Name			
Signature		·	
Date			
Customer Summary			
Fee of \$272 as per 24/25 Fees and Charges			
Date	Signature		
Office Use Only			
Amount Paid			
Receipt Number			
Licence Number			
Date			