



# Goulburn Mulwaree Council

## Application for Liquid Trade Waste

### Form TW1

184-194 Bourke Street, Goulburn NSW 2580

☒ Locked Bag 22, Goulburn NSW 2580

☎ (02) 4823 4444

*made under the Local Government Act 1993, Section 68*

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ LTW No: \_\_\_\_\_

#### Details of the Applicant (Must be Discharger or Owner)

Applicant Name

No.

Street Name

Suburb or Town

State

Postcode

Telephone

Mobile

Email

#### Details of the Owner/s

Owner/s Name

No.

Street name

Suburb or Town

State

Postcode

Telephone

Mobile

Email

#### Identify the Land

No.

Street Name

Suburb or Town

Postcode

Lot

DP/SP No.

Development Application No.

#### Items to be approved under Section 68 of the Local Government Act 1993

- Part B 1 – Carry out water supply work
- Part B 4 – Carry out sewerage work
- Part C 4 – Dispose of waste into a sewer of Council
- Part C 5 – Install, construct or alter a waste treatment device or a human waste storage facility or a drain connected to any such device or facility.

#### Details of Discharge

Maximum Rate of Discharge to Sewer (kL/hr or L/sec)

Maximum Daily Discharge to Sewer (kL/day)

Location of Sampling Point

#### Details of Existing/Proposed Pre-treatment Device (grease arrestor, cooling pit, oil separator, etc)

Type

Size/Flow rate

Existing/Proposed Cleaning Schedule and Name of Contractor Used

**Additional details required for trade waste discharges**

Application to be accompanied by a site plan showing:

- Details and locations of all processes, chemical storage areas, tanks, pits and apparatus associated with the generation of liquid trade waste;
- Details, location, capacity/dimensions, material of construction and lining of the proposed treatment facilities;
- Details of pipes, floor drainage conveying the effluent; and
- Stormwater drainage plan.

Additional trade waste application forms, which relate to your type of business activities will also be required:

- Commercial retail food preparation activities – Complete and attach form TW2
- Other commercial activities – Complete and attach as appropriate from forms TW3 – TW5
- Other activities – Complete and attach form TW6

**Signature of Owner/s**

The owner(s) of the land to be developed must sign the application

*If you are not the owner of the land, you must have all the owners sign the application. If the Crown is the owner of the land, the application may be made by or **with the consent** of a Minister or a person authorised for the purpose by a Minister".*

**As the owner(s) of the above property, I/we consent to this application:**

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Signature of Applicant**

The applicant, or the applicant’s agent, must sign the application.

Name <i>if not applicant</i>	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

In what capacity are you signing for if you are **not** applicant

**Office Use Only**

Fee Type	Cost	Receipt Number	Date of Receipt	Initials
New Application Fee	\$375.00			
Application Fee Existing Facility	\$192.00			
Renewal Fee Existing Facility	\$192.00			
Amendment to Application Fee	\$216.00			

Council collects personal information only for a lawful purpose that is directly related to Council’s functions and activities. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further information or clarification please contact Council’s Privacy Officer or refer to Council’s Privacy Management Policy at [www.goulburn.nsw.gov.au](http://www.goulburn.nsw.gov.au).



# Goulburn Mulwaree Council

## Liquid Trade Waste Application

### Form TW4

184-194 Bourke Street, Goulburn NSW 2580  
✉ Locked Bag 22, Goulburn NSW 2580  
☎ (02) 4823 4444

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ LTW No: \_\_\_\_\_

### Stand-Alone Laboratory Activities Attachment

Please fill out this attachment sheet if your business has a laboratory that discharges liquid trade waste to the sewerage system. In the list below, tick the 'business type' that best describes your business.

**Attach this sheet to the application form (Form TW1) upon completion.**

### Business Type

- |  |  |
|--|--|
| <input type="checkbox"/> Agricultural research centre laboratory       | <input type="checkbox"/> Photographic laboratory                                 |
| <input type="checkbox"/> Agricultural research (herbicides) laboratory | <input type="checkbox"/> Police crime scene unit laboratory                      |
| <input type="checkbox"/> Analytical laboratory                         | <input type="checkbox"/> Business that uses radioisotope                         |
| <input type="checkbox"/> Animal health (parasitology) laboratory       | <input type="checkbox"/> School domestic (home) science laboratory               |
| <input type="checkbox"/> Autopsy laboratory                            | <input type="checkbox"/> School science laboratory                               |
| <input type="checkbox"/> Chemical (pesticides) laboratory              | <input type="checkbox"/> Soil testing laboratory                                 |
| <input type="checkbox"/> Clinical laboratory                           | <input type="checkbox"/> Tertiary institution laboratory (please specify): _____ |
| <input type="checkbox"/> Dental laboratory                             | <input type="checkbox"/> Veterinary research laboratory                          |
| <input type="checkbox"/> Film (movies) laboratory                      | <input type="checkbox"/> Workplace laboratory                                    |
| <input type="checkbox"/> Hospital laboratory                           | <input type="checkbox"/> X-ray laboratory (radiology)                            |
| <input type="checkbox"/> Nuclear medicine laboratory                   | <input type="checkbox"/> Other (please specify): _____                           |
| <input type="checkbox"/> Pathology laboratory                          | _____  |
| <input type="checkbox"/> Pharmaceutical laboratory                     |  |

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