Trade waste complex (industrial) discharge application

Complex, or industrial trade waste refers to activities generating trade waste that requires sophisticated pre-treatment systems and where discharge volume may be substantial. Examples include food and beverage manufacturers, metal finishers, hospitals, commercial laundries and waste treatment.

Important information

Make a summary list of the processes through which your operation produces wastewater for discharge to the sewer. The summary should include the:

- type of business activity (e.g. electroplating, laundry, vegetable/fruit processor, hospital, food manufacturer, fish processing, mechanical workshop)
- scale and type of business operation that generates the wastewater (e.g. operating schedule, production volumes such as number per day of meals prepared, chickens processed, garments laundered, vehicles detailed etc).

Details of wastewater discharge

This information is essential to determine the suitability of the proposed treatment system and the capabilities of the receiving sewer including:

- gravity or pumped refers to how the wastewater will be discharged to the sewer
- peak flow rate must be expressed in litres per second (L/sec) which should be calculated by combining the maximum wastewater discharge from the business activities
- duration is the maximum time the proposed discharge will occur per day (e.g. 1-2 hours Monday to Friday)
- a list of equipment used in the business that produces wastewater (e.g. commercial dishwasher, steam cleaner, number of washing machines, etc)
- a list of contaminants likely to be present in the trade waste discharge (e.g. heavy metals, acids, alkalis, solvents, ammonia, oil/fat emulsions).

Details of proposed pre-treatment system

The pre-treatment system should be designed to consider a number of factors including:

- any required screening of the wastewater
- any required settlement to retain silt or similar material
- temperature of the wastewater
- the volume of wastewater discharged
- any silt or similar material in the wastewater
- any oil and/or grease in the wastewater
- the pH of the waste
- any solvent or chemicals in the wastewater
- any required backflow prevention.

Trade waste authorisation process

No work can be undertaken until you complete this application and receive a trade waste discharge authorisation. The trade waste discharge authorisation details the conditions you need to meet before you discharge to the sewer.

We will work with you to review and verify the suitability of the pre-treatment system. We will visit your premises to inspect your discharge and to work with you by providing advice and support. Together we can ensure you meet your ongoing authorisation conditions.

We will notify you of any work you are required to carry out within your audit report. Failure to meet these requirements on an ongoing basis may result in you being in breach of your authorisation. This may lead to the withdrawal of your authorisation and a requirement to disconnect from the sewerage network.

Important documentation

- You must provide full details and accurate information in your application.
- A site plan showing details of the plumbing and pre-treatment layout must accompany this application.
- If there are any variations to this application you will need to complete and submit a new application.

Completing the following sections in full will help to process your application quickly.
The undersigned hereby applies to SA Water under the Water Industry Act 2012 for authorisation to discharge trade waste from the premises stated below into SA Water’s sewer.

Please print the name of owner of the business and address where discharge to sewer will occur.

Name of proprietor/owner of business..............................................................................................................................................................................
Type of business/activity..................................................................................................................................................................................ABN/ACN...........................................................................................................................................................................................................
Trading name of business...........................................................................................................................................................................................................
Contact person........................................................................................................................................................................................................................Ph.................................................................................................................................Fax...........................................................................................................................................................................................................
Mobile........................................................................................................................................................................................................................Email for correspondence...........................................................................................................................................................................................................
Email for billing........................................................................................................................................................................................................................Street number........................................................................................................................................................................................................................Street name........................................................................................................................................................................................................................Suburb........................................................................................................................................................................................................................Postcode........................................................................................................................................................................................................................
SA Water account number                                             or          water meter number
(for business site) number located on front of bill

Note applicant’s responsibilities:
This application must be signed by the business owner (or an authorised person) or if the application is for a company or incorporated body, by the manager or secretary or similar authorised officer on behalf of the company or incorporated body.

Business owner or authorised person’s name, postal and email address for return correspondence
As above: ☐
Name........................................................................................................................................................................................................................Email........................................................................................................................................................................................................................Mobile........................................................................................................................................................................................................................
Address........................................................................................................................................................................................................................Suburb........................................................................................................................................................................................................................Postcode........................................................................................................................................................................................................................

I acknowledge that I have read and understood the terms and conditions set under the Restricted Wastewater Acceptance Framework on behalf of (business name or owner)
Signature........................................................................................................................................................................................................................Date of application........................................................................................................................................................................................................................

Copy of the authorisation to be forwarded to the consultant/plumber where required.
(A copy of the authorisation will also be forwarded to the property owner.)
Name........................................................................................................................................................................................................................Email........................................................................................................................................................................................................................
Phone........................................................................................................................................................................................................................Fax........................................................................................................................................................................................................................Mobile........................................................................................................................................................................................................................
Address........................................................................................................................................................................................................................Suburb........................................................................................................................................................................................................................Postcode........................................................................................................................................................................................................................

This application relates to (please tick appropriate box):
Change of owner ☐    Proposed new discharge ☐    Variation to an existing discharge ☐
Details of the proposed activity

1. Describe the type of business carried out on site (for example food manufacturer, medical centre, electroplating, mechanical workshop)

2. List of onsite processes (for example sinks, dishwashers, potato peeler, sterilisers, bin wash)

3. Describe the fixtures and activities on the side which produce wastewater for discharge to sewer
   (for example sinks, dishwashers, potato peeler, sterilisers, bin wash)

<table>
<thead>
<tr>
<th>Waste fixtures and equipment</th>
<th>Quantity</th>
<th>Estimated productions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Details of wastewater discharge
   Discharged to sewer by? gravity □ pump □
   Peak flow rate         ____ litres per second
   Duration               ____ hours per day

5. Are there any open/unroofed areas, which may allow stormwater to flow to the sewer? Yes □ No □
   If yes, please specify the size of area(s), and describe how stormwater will be managed.
6. Contaminants likely to be present in the trade waste to be discharged to sewer. (Please tick appropriate box).

- [ ] Heavy metals
- [ ] Acids/alkalis
- [ ] Solvents
- [ ] Medical wastes
- [ ] Dyes/inks
- [ ] Oil/fat emulsions
- [ ] Paint
- [ ] Pesticides/herbicides
- [ ] Total dissolved solids (salts)
- [ ] Chlorinated hydocarbons
- [ ] Sulphur compounds
- [ ] Ammonia
- [ ] Disinfectants
- [ ] Cyanide
- [ ] Photographic wastes
- [ ] Petrochemicals
- [ ] Other

7. Details of proposed pre-treatment systems

<table>
<thead>
<tr>
<th>Pre-treatment device</th>
<th>Type / model</th>
<th>Size / capacity</th>
<th>Location</th>
<th>Quantity</th>
<th>Type of lid, if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grease arrestor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAF system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settling pit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutraliser pit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buffer tank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH correction system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oily water plate separator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocyclone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silt trap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry basket</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solids trap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other screening device</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blow down pit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooling channel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membrane water treatment plant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical water treatment plant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the vent termination comply with AS/NZS 3500.2:2015 Section 6.8.4?  Yes [ ]  No [ ]

Is pre-treatment device shared with another business?  Yes [ ]  No [ ]
If yes, how many other businesses are connected to the pre-treatment device? ____

Please return the completed application, together with the relevant documentation, by one of the following methods:

**Mail to**
Trade Waste
GPO Box 1751
Adelaide SA 5001

**In person**
Trade Waste
250 Victoria Square/Tarntanyangga
Adelaide SA

**Email**
tradewaste@sawater.com.au

Office hours: 8am to 4pm, Monday to Friday
Phone: 08 7424 1336