

Liquid hauled waste

High strength organic waste disposal application form

Applicant (*customer name / company*) _____

Postal Address _____

_____ Postcode _____

Existing trade waste authorisation number (*if applicable*) _____

ABN _____

Contact person _____

Phone _____ Mobile _____

Fax _____

Email _____

High strength organic waste (HSOW) details

What volume of HSOW will be produced? _____ kL (daily/ weekly/ monthly)

How many loads of high strength organic will be produced per week? _____

Do you have any preferred days for delivery of HSOW? _____

Waste type

Please give a description of the processes producing the waste and the typical contaminants present.

Previous sampling/ assessment

Please provide details of any previous NATA lab analysis or gas production tests that have been carried out.*

** Please attach copies of NATA lab reports to this application if available*

Name _____ Date _____

Signature _____