

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: _____ Mob: _____

Email: _____

High strength organic waste 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: _____

