

High strength organic waste disposal application

Applicant (customer name/company):	
Postal address:	
Exisiting trade waste authorisation number (if applicable):	
ABN:	
Contact person:	
Telephone/mobile phone:	
Email address:	
High strength organic waste details	
What volume of HSOW will be produced? kL (\square daily/ \square weekly/ \square monthly)	
How many loads of high strength organic waste 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 atta	ch copies of NATA lab reports to this app	olication if available.		
Name		Date		
Signature				
Ones compl	atad places soud this application to ano	of the fellowing		
Once compi	eted, please send this application to one	e of the following:		
	South Australian Water Community			
	South Australian Water Corporation GPO Box 1751 Adelaide SA 5001	tradewaste@sawater.com.au		
	Attention: Trade Waste			

If you have questions relating to this application, please call Trade Waste on (08) 7424 1336.

