

Contact Details:

Postal Address: PO Box 177, Macksville NSW 2447

Telephone: (02) 6568 2555

Email:

Website:

council@nambucca.nsw.gov.au

www.nambucca.nsw.gov.au

Updated: 1 July 2022 Our Ref: 8813/2008

Office Location:

44 Princess Street, Macksville NSW 2447

APPLICATION TO REGISTER VEHICLE FOR THE TRANSPORTATION OF LIQUID WASTE

Under Section 68 of the Local Government Act 1993

The following details MUST be supplied to Council as part of this application for approval to remove, transport and dispose of liquid waste from grease traps, onsite sewage management systems and commercial premises within the Nambucca Valley Council.

1	Make of Vehicle/s:	i)							
		ii)							
		iii)							
2	Vehicle Registration	n number:	i)		ii)		iii)		
3	Capacity of tank: i)		litres Type of tank				: i)		
						material			
	ii)			_ litres		ii) _		terial	
	iii)			_ litres		iii) _	ma	aterial	
4	Pump make:			_ P	ump capacity:				
5	Method of emptying	tank:	pump out		syphon \square	bot	h 🗆	Other \square	
De	tails of other:								
Re	gistered Business Na								
Ado	dress for correspond	ence:							
Co	ntact Name of Princip	oal Operat	or:						
Co	ntact details: Tel:				Mobile:				
Fax	κ:			Email: _					
Add	dress where vehicle i	s housed/l	Depot:						

Contact details for Depot:	Tel:	Fax:					
Details of Disposal point for	or liquid waste collected with	in Nambu	cca Valley:				
Indication of wastes hand	ed:						
Ons	site sewage system liquid wa	ıste	Yes \square	No 🗆			
Ons	site sewage sludge waste		Yes ☐ No ☐				
Dor	nestic/Commercial grease		Yes □ No □				
Cor	ntaminated waste water		Yes 🗆	No 🗆			
Oth	Other forms of contaminated liquid wastes						
OFFICE USE ONLY	r						
Number of Vehicles regi	stered: 1 2	3					
Application Fee: Annual Inspection Fee	\$ 95.00 \$ 149.00 per vehicle or \$ 184.00 multi vehicles	same da	y/owner				
Amount paid: \$	Receipt No:		_ Date paid:				
Vehicle/s inspected on:	by: _						
Condition of Tank:							
Condition of pump:							
Condition of hoses:							
Signage:							
Safety equipment for open	rator:						
First Aid equipment:							
Fire Extinguisher on vehic	ele: Yes 🗌 No	o 🗆					
General condition of tank	unit: Clean 🔲 Need of	Mtce	Replacement parts ne	eded			
Comments:							
Approval Recommended:	Yes \(\Boxed{\omega} \) No \(\Boxed{\omega}						
Authority Register Numl	per: 85	1					