

How to complete a Liquid Trade Waste Application form

Questions on form (*mandatory data field)	How to answer questions	Answers to questions
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Application Details		
Customer Reference Number *	Icon Water Bill Account Number of Land-Owner - 12 digits, no spaces. See Water and Sewerage Bill	
Is this Application for a multi-tenanted property?*	Select Yes or No Multi-tenanted property means a single entity owns the entire property, which contains multiple units/shops/property occupiers	
Resubmission Details		
Is this a resubmission of declined Application?	Select Yes or No	
If yes: Declined Application number	Enter the Application number of the previously-declined Application	
Property Details		
Building Name (if applicable)	Enter the name of the Building, if it has one	
Unit/Shop Number	If not applicable type 0	
Suburb*	Choose from list. Must match ACT Government current listing https://www.actmap1.act.gov.au/home.html	
Section*	As per ACT Government current listing https://www.actmap1.act.gov.au/home.html	
Block*	As per ACT Government current listing https://www.actmap1.act.gov.au/home.html	
Street Number*	As per ACT Government current listing https://www.actmap1.act.gov.au/home.html	
Street Name*	As per ACT Government current listing https://www.actmap1.act.gov.au/home.html	
Postcode*	As per Australia Post	
Land Owner Details		
Full Name(s) of Land-Owner(s)*	Enter the nominated Contact name of the Land-Owner(s)	
Land-Owner(s) Business Name or Trading Name*	If the Land-Owner is a Business or Trust etc. enter it here	
ABN (11 digits) or ACN (9 digits)*	If relevant enter the ABN or ACN of Property-Owner, using no spaces - use this website to confirm https://abr.business.gov.au/	
Phone Number*	Enter phone number of nominated Contact	
Email*	Enter email of nominated Contact	
Postal Address	Enter postal address of nominated Contact	
Details of person filling out this form		
Name*	Enter name of person completing the form	
Position Title*	Enter the Position Title and Business of person completing the form	
Phone*	Enter phone of person completing the form	
Email*	Enter email of person completing the form	

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If the Application has been selected for multi-tenancy, the following appears and is required		
Common/Shared pre-treatment (multi-tenancy only)		
Pre-treatment systems	Select the type of pre-treatment	
Existing/Proposed	Select if it is existing or proposed	
Type/Model	Type the Model	
Pre-treatment ID	Enter the pre-treatment ID of the device	
Size/Capacity	Enter the size or capacity of the device	
Location	Enter the location where it is installed	
Quantity	Enter the quantity of devices installed	
Frequency of maintenance	Enter the frequency of maintenance for the device	
Proposed maintenance activity	Enter the maintenance activity for the device	
Cooling Towers/Boilers		
Does the building have cooling towers/boilers?*	Select Yes or No	
If yes:		
Bleed rate L/hr*	Enter the bleed rate	
Capacity*	Enter capacity in L	
Pumped Waste		
Does this building have pumped waste?*	Select Yes or No	
If yes:		
Retention Time	Enter the retention time of the waste in the pump well	
Capacity	Enter the capacity of the pump well	

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If the Application has been selected for multi-tenancy, you will need to add the following information for each tenancy. Use the Add Business Button at the end of the section		
Property Occupier Details		
Trading Name *	Enter the name of the Business trading at the property. If more than one, you can add more later in the form. If the Application is for common property/Proprietors Unit Plan, enter the details of the Proprietors Unit Plan	
Name of Contact Person*	Enter the name of the Contact person for the Business	
Position Title*	Enter the Position Title relating to the Contact person's role in the Business	
Phone Number*	Enter the phone number of the Contact person for the Business	
Email*	Enter the email of the Contact person for the Business	
ABN (11 digits) or ACN (9 digits) please use no spaces*	If relevant, enter the ABN or ACN of the Business, using no spaces - use this website to confirm https://abr.business.gov.au/	
Unit/Shop Number*	If not applicable type 0	
Business Activities		
Business activities - check boxes *	Select all that apply. Choose "Other" to manually type in if what you require doesn't appear	
About the Business*	Explain what the Business is and what their services are	
Describe the activities that produce the liquid trade waste (LTW)	Explain what Business activities are generating the liquid trade waste discharging to sewer	
Number of seats for food business	Enter the number of seats where meals are served to	
Number of rooms for motel/hotel/hostel/boarding	Enter the total number of rooms	
Grease trap identification number (if applicable)	Enter the Grease trap identification number for the Business dischargers to	
Business Operating Hours		
Day From / Day To	Enter the weekly trading days	
Time From / Time To	Enter the trading times across those days	
List any seasonal variations to the above operating times	Add in information about any high-peak or low-demand times the Business may have	
Expected Commencement Date of Business Operation*	Enter the date the Business is expected to commence. If already operating write "Existing"	
List of Fixtures Draining to Sewer		
Fixture Type	Enter the fixture type that discharges LTW to sewer e.g. dishwasher, sinks, floor wastes etc.	
Total Number	Enter the total number per fixture type	
Is the total LTW discharge greater than 5000 L/day (or industrial in nature)?	Select Yes or No	
Total Daily Discharge Volume (kL/day)*	Enter the estimated daily discharge volume of liquid trade waste to sewer	
Maximum/Peak Flow Rate (L/s)*	Enter the maximum peak flow rate to sewer	
Pre-treatment Devices		
Pre-treatment Systems	Select the type of pre-treatment	
Existing/Proposed	Select if it is existing or proposed	
Type or Model	Type the Model	
Pre-treatment ID	Enter the pre-treatment ID of the device	

Size/Capacity	<i>Enter the size or capacity of the device</i>	
Location	<i>Enter the location where it is installed</i>	
Quantity	<i>Enter the quantity of the devices installed</i>	
Frequency	<i>Enter the maintenance activity for the device</i>	
Proposed Maintenance Activity	<i>Enter the frequency of maintenance for the device</i>	
Attachments/Supporting Document Checklist		
Checklist of document types	<i>Select and upload each document as relevant to the Application</i>	
NOTE: You can purchase site drainage plans online from Access Canberra. https://forms.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1024&tmFormVersion		
Building Drainage Plan*	<i>Mandatory for all Applications. It must display how the Business is connected to pre-treatment devices and then onto the Icon Water sewer network. It should show the size (with dimensions) and location of any pre-treatment devices, as well as all provisional points and connections to shared pre-treatment</i>	
Individual Unit Drainage Plans (where Application covers multiple units)	<i>Only required as a standalone document if the Building Drainage Plan cannot show enough detail for fit-out of individual unit</i>	
Icon Water Grease Trap Identification Form	<i>This form must be signed by the authorised signatory who manages the use and connection/disconnection to the grease traps. If the property has multiple or shared grease traps, this form provides a single register of all connections to each grease trap, including provisional points</i>	
Unit/Shop Location Plan	<i>Must display the Unit/Shop numbers for the tenancies covered in the Application. It must match data provided in the Application form</i>	
Any other supporting documents	<i>E.g. Pre-treatment location plan (if can't be clearly showed on other plans, chemical safety data sheets, pumped waste details, etc.)</i>	
Privacy Policy	<i>For information</i>	
Acknowledgement - To be signed by Property-Owner	<i>Acknowledgement that Privacy Policy has been read and that signee has authority to sign</i>	
I/We acknowledge the above*	<i>Check box</i>	
Email to Owner check box.	<i>Check box</i>	
If selected:		
An automated email will be sent to the Property-Owner with a PDF of the Application to sign.		
If not selected:		
The Property-Owner must sign directly onto the form at the time		
Signature box *	<i>Owner to sign using a touch screen or using a mouse, if signing at time of Application submission</i>	
Print Full Name of Signatory above*	<i>Enter full name of signatory above</i>	
Title or Position of Signatory above*	<i>Enter title or position of signatory above</i>	
Date*	<i>Enter the date of signature</i>	
Submit Button	<i>Press to submit the Application to Icon Water. The email listed for the person filling out the form will receive a PDF copy of the Application form. If the email to Owner option was selected, the email provided at that section of the form will receive a PDF copy of the Application to sign.</i>	

References

STD-SPE-P-003 Trade Waste Approval and Compliance Requirements

Issue	Date	Reason for Revision	By
A	10/06/2025	Issue for public consultation	S. Chappell
B	31/10/2025	Issue for use	S. Chappell