## TRADE WASTE GUIDE NOTE TW-GN-002 Issue B



## **How to complete a Liquid Trade Waste Variation form**

Questions on form (*mandatory data field)	How to answer questions	Answers to questions			
Page 1					
Application Details					
Customer Reference Number *	Icon Water Bill Account Number of Land-Owner - 12 digits, no spaces. See Water and Sewerage Bill				
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.actmapi.act.gov.au/home.html				
Section*	As per ACT Government current listing https://www.actmapi.act.gov.au/home.html				
Block*	As per ACT Government current listing https://www.actmapi.act.gov.au/home.html				
Street Number*	As per ACT Government current listing https://www.actmapi.act.gov.au/home.html				
Street Name*	As per ACT Government current listing https://www.actmapi.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 (with same as above check box option)	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 the person completing the form				
Phone*	Enter phone of person completing the form				
Email*	Enter email of person completing the form				



Questions on form (*mandatory data field)	How to answer questions	Answers to questions			
	Page 2				
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	ne section				
Previous Business Trading Name (if applicable)	Enter the name of the Business who traded at the Property previously				
New Business Trading Name *	Enter the name of the Business applying to trade at the Property				
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/				
Name of Contact Person*	Enter the name of the Contact person for the Business				
Position Title*	Enter the Position Title and Business of the Contact person for 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				
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				
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 LTW 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				
Exisiting/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	Enter the size or capacity of the device				
Location	Enter the location where it is installed				



Quantity	Enter the quantity of the devices installed	
Frequency	Enter the maintenance activity for the device	
Proposed Maintenance Activity	Enter the frequency of maintenance for the device	
Attachments/Supporting Document Checklist		
Checklist of document types	Select and upload each document as relevant to the Application	
NOTE: You can purchase site drainage plans online fro https://forms.act.gov.au/smartforms/servlet/SmartForm.htr	m Access Canberra.	
Building Drainage Plan*	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	
Individual Unit Drainage Plans (where Application covers multiple units)	Only required as a standalone document if the Building Drainage Plan cannot show enough detail for fit-out of individual unit	
Icon Water Grease Trap Identification Form	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	
Unit/Shop Location Plan	Must display the Unit/Shop numbers for the tenancies covered in the Application. It must match data provided in the Application form	
Any other supporting documents	E.g. Pre-treatment location plan (if can't be clearly shown on other plans, chemical safety data sheets, pumped waste details, etc.)	
Privacy Policy	For information	
Acknowledgement - To be signed by Property-Owner	Acknowledgement that Privacy Policy has been read and that signee has authority to sign	
I/We acknowledge the above*	Check box	
Email to Owner check box.	Check box	
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 *	Owner to sign using a touch screen or using a mouse, if signing at time of Application submission	
Print Full Name of Signatory above*	Enter full name of signatory above	
Title or Position of Signatory above*	Enter title or position of signatory above	
Date*	Enter the date of signature	
Submit Button	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 PFD copy of the Application to sign.	



## References

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

Issue	Date	Reason for Revision	Ву
Α	10/06/2025	Issue for public consultation	S. Chappell
В	31/10/2025	Issue for use	S. Chappell