

Application to dispose of wastewater directly at designated City of Cape Town Facilities.	 CITY OF CAPE TOWN ISIXEKO SASEKAPA STAD KAAPSTAD
WDM_P-R_FORM 012	External Copy

Ref Number:

Telephone number: 021 400 6690 or 021 400 5174

Contact person: Gaironisa Daniels or Mlungisi Matokazi

Email address: gaironisa.daniels@capetown.gov.za or mlungisi.matokazi@capetown.gov.za

Name of applicant	
Physical Address	
Postal address	
Email address	
Telephone number	
Rates Account Number	
Fax number	
Official dealing with disposal	
Responsible Person	
<u>Material Safety Data Sheet:</u> it is compulsory for the supplier of any hazardous chemical substance to provide a material safety data sheet to any party which receives such substance. Please attach a material safety data sheet of chemicals to be disposed of at City of Cape Town Facilities.	
Type of material (Please provide details of how the waste is generated and a comprehensive description of the wastewater. Use separate page if necessary) :	
Location of storage of waste(prior to disposal)	
Quantity of wastewater per month	

Application to dispose of wastewater directly at designated City of Cape Town Facilities.	 CITY OF CAPE TOWN ISIXEKO SASEKAPA STAD KAAPSTAD
WDM_P-R_FORM 012	External Copy

Storage Method							
Frequency of disposal							
Proposed method of transport to disposal facility							
Open truck Y/N							
Name of cartage contractor							
Address of cartage contractor							
Signature of applicant		Closed truck Y/N			Vacuum tanker Y/N		Other State type
Name in block letters							
Date:				Contract Expiry Date:			
List of vehicles registration numbers							

Rates Account Details

Responsible Person:

Position:

Contact details:

Address where account will be sent to: