

# Application for specific immobilisation approval

Under Clause 50 of the Protection of the Environment Operations (Waste) Regulation 2005

## Background reading

Before completing this application please read relevant sections of the [Waste Guidelines](#) and explanatory material on the DECC website relating to [waste immobilisation](#).

## Application fee

The current application fee is \$190. Payment should be made by electronic funds transfer to:

Account name: Environment Protection Authority

BSB: 032001

Account number: 205469

## Section A Applicant's details

### 1 Applicant's name and contact details

1a If you are a registered company, Company name \_\_\_\_\_

Trading as \_\_\_\_\_ ACN/ABN \_\_\_\_\_

1b If you are not a registered company, your name \_\_\_\_\_

Trading as \_\_\_\_\_ ABN \_\_\_\_\_

1a & 1b Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Postal address \_\_\_\_\_ Postcode \_\_\_\_\_

EPA licence number (if applicable) \_\_\_\_\_

Note: For information on licensing requirements refer to the [DECC website](http://www.environment.nsw.gov.au/licensing/index.htm) [<http://www.environment.nsw.gov.au/licensing/index.htm>].

### 2 Waste generator's name and contact details

*If the applicant is also the waste generator write 'as above'*

Name of waste generator \_\_\_\_\_

Trading as \_\_\_\_\_ ACN/ABN \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Postal address \_\_\_\_\_ Postcode \_\_\_\_\_

Waste generator's EPA licence number (if applicable) \_\_\_\_\_

### 3 Who should the EPA contact for technical enquiries about this application?

Name \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Type of business \_\_\_\_\_

Phone (business) \_\_\_\_\_ Phone (after hours) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**4 Waste details**

Site address, where waste is stored \_\_\_\_\_

Local Government area \_\_\_\_\_ Postcode \_\_\_\_\_

ANZSIC code for waste activity \_\_\_\_\_

Name of nominated or proposed disposal facility \_\_\_\_\_

Site address of disposal facility \_\_\_\_\_

**5 Applicant's signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Direct Phone \_\_\_\_\_

Job title \_\_\_\_\_

## **Section B Waste and Proposed Treatment/Immobilisation Mechanism**

Address each of the issues listed below in a written report. Please ensure that your report uses the numbering and headings shown here. You may also need to attach other documents relevant to your application. Where appropriate, please include the relevant (upper or lower) 95% confidence limit for data obtained from representative samples.

### **1 Avoidance, reuse, recycling or reprocessing**

Provide evidence that avoidance, reuse, recycling or reprocessing is not feasible.

### **2 Quantity of waste requiring treatment and/or disposal & estimated time to complete treatment and/or disposal**

### **3 Form of the waste** eg. Soil, slag, sludge, dust, powder, grit, tar, spent catalyst, building (B&D)

### **4 Background information about the waste**

Include information about its origin (such as the process and conditions (temperature, oxygen availability, etc) of its formation), the history of the site and the source of the contamination. Indicate whether the waste is continuing to be generated or is a result of past activities. If the applicant is not the owner of the waste, provide evidence that the applicant is authorised by the owner to treat and/or dispose of the waste.

### **5 Chemical composition and physical/chemical nature of the untreated waste**

Include relevant test results, including pH, solid/moisture content, concentrations of chemical contaminants and TCLP (or other relevant leaching test) test values. All laboratory test reports must be compiled by a suitable NATA registered laboratory.

### **6 Chemical contaminants of concern**

List contaminants for which the specific immobilisation approval is sought.

### **7 Proposed treatment method or process**

Describe the treatment method or process, if any, you propose to use to achieve the immobilisation of the contaminants, with a detailed account of the materials, methods and equipment to be used in the process. Please indicate the ratio of reagents to be used, final pH of the treated waste and moisture content before and after treatment, if available).

### **8 Scientific evidence/justification**

Give details of the scientific evidence/justification supporting the proposed immobilisation method or process. Include a summary of the following, as applicable:

- the physical mechanism and/or chemistry of immobilisation, including the formation of chemical compounds during treatment which are claimed to result in the immobilisation of some or all of the contaminants.
- reliable documentary evidence of the successful application, in Australia or overseas, of the treatment process proposed to be used for the immobilisation of the contaminants in a similar waste type.
- copies of articles from reputable scientific or engineering journals supporting the successful immobilisation of the contaminants (either natural or as a result of using the proposed process).

### **9 Treatability**

Based on a trial/pilot program or bench scale study, provide the following details about treatability:

- total concentration (SCC) of the contaminants and the leaching performance (based on TCLP or other relevant leaching tests) of the immobilised contaminants in the treated waste
- physical/chemical properties of the waste after treatment: for example, pH and physical characteristics (solid/moisture content, and whether it is rigid, powdery or paste)

- evidence of the formation, during the treatment, of the chemical compounds which are claimed to result in the immobilisation of some or all of the contaminants
- evidence that the treated waste is likely to be stable in the long term including, if relevant, the results of a multiple extraction procedure (MEP) test.
- method of mixing, including types of mixer used
- reagents used, including their rate of addition to the waste during treatment.

#### **10 Ability to reproduce the processes, and quality assurance**

Give evidence demonstrating that the applicant or their agents can reliably reproduce any treatment process involved, and that they can consistently achieve test results similar to those of the treatment study upon which an approval is based. (Include a description of the proposed quality assurance/quality control scheme for the process.)

#### **11 Proposed disposal location**

Please ensure that the proposed disposal facility is lawfully able to take the waste. Note that, if granted, the specific immobilisation approval may require that the landfill receiving the waste monitors leachate and groundwater for the contaminants being immobilised.

### **Submitting your application**

Send your application to:

Manager Hazardous Waste Regulation  
Waste Operations  
Department of Environment and Climate Change  
PO Box A290  
SYDNEY SOUTH NSW 1232

### **Checklist**

Please make sure you include:

- Section A: form completed and signed
- Section B: all the required information (set out according to the numbering and headings indicated here) and any required attachments

Please keep a copy of your application documents for your own records. You may need to refer to this application if we contact you requiring further information.