APPLICATION TO INCINERATE WASTE FUEL

Volume, type and source of waste fuel (any other sources should be attached with the application form)

	Source of waste fuel	Type of waste fuel	Volume (L)
Name:			
Business name:			
Address:			
Tel number:			
Name:			
Business name:			
Address:			
Tel number:			
Identity of impurities	;		
Impurities (\	Nater / lead / glycol, etc.)	Concentration (% / mg/L	/ ppm)
Location of waste fue	el		
Address:			
Co-ordinates:			



Certification of equipment required to incinerate waste fuel			
Analysis of alternative	s to incineration		
No person shall incined Protection Officer of the Chief Environmental Pa. the volume and tyb. the source of the ca. why the waste fued. the identity of improvementation of section of the factor of the cartification, caused for incinerate	vaste fuel; I is considered waste; Ourities that are in the waste fuel and an estimate of the uch impurities; I waste fuel; I pprovals and test data relating to the equipment to be on; I matives to incineration and an explanation of why such		
•	nd completed this application form and all the information is correct to ledge please sign and date below.		
Signature:	Date:		
	Official Use Only		

Received By:



Date: