

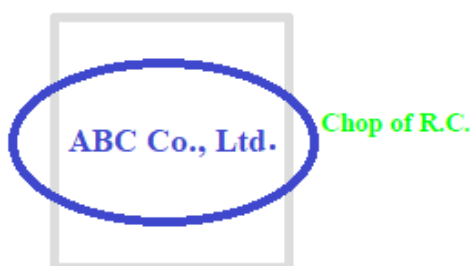


**Application form for reassessment of chemical oxygen demand (COD) values in trade effluent**

To: Drainage Services Department (DSD)

Account No.: 12345678901, 55556555566

We, the undersigned, have appointed DEF Laboratory  
(**laboratory**<sup>#</sup>) to apply for reassessment of COD values for the account. We understand that the revised COD values are not transferable if there is a change in the registered consumer, and that any change in the appointed laboratory should be approved by DSD before sampling starts.



Registered Consumer (R.C.) : ABC Co., Ltd.

Name of R.C. representative : Wong Ka Fat

Post : Director

Signature of R.C. representative : *Wong KF*

Date : 29/10/2xxx

Name of establishment : ABC Restaurant

Address : 2/F, Sha Tin Centre, Sha Tin, N.T.

The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.

**Statement of Purpose**

1. The data you / your appointed laboratory provided is voluntary. If you / your appointed laboratory do not provide sufficient information, DSD may not be able to process your application.
2. The data you / your appointed laboratory provided may be disclosed to other government departments or agencies for law enforcement purposes.
3. You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee maybe imposed for complying with a data access request.
4. Any person who offers any advantage to a public servant due to this application shall be guilty of an offence. If any person solicits or accepts any advantage due to this application, please contact the Independent Commission Against Corruption (Phone no.: 25266366).
5. Any person who, in an application or in an attachment to an application, furnishes or supplies with intent to deceive any false or misleading information commits an offence.
6. DSD can request any further information as and when necessary in processing this application.



**Letter of undertaking**

To: Drainage Services Department (DSD)

For revision of Trade Effluent Surcharge rate of

Name of registered : ABC Co., Ltd.

consumer

Name of : ABC Restaurant

establishment (if different from above)

We, DEF laboratory (**laboratory#**), agree to undertake full responsibility of sampling and testing for the application. We confirm that the information provided in this COD reassessment proposal is correct and up-to-date.

Sampling personnel are staff of our laboratory. They have been trained by approved trainer of our laboratory for trade effluent sample collection. They meet the criteria as listed in Appendix V of "Guidelines on Application for Reassessment of COD".

List of sampling personnel for this application: (in alphabetical order by last name)

Please refer to the latest competent sampler list submitted to DSD by our laboratory on 20-9-2xxx (reference no. 345678)

**Declaration:**

1. We understand that unacceptable performance in the sampling or testing, the COD reassessment application may be rejected by DSD and/or incident will be referred to Hong Kong Accreditation Service.
2. We understand that DSD will delete any sampler, who commits an act that casts doubt on the integrity of representative sampling or commits acts of incompetence during sampling in connection with COD reassessment application, from the competent samplers list.
3. We declare that the sampler(s) on the competent samplers list \*is (are)/is not (are not) engaged in other work or employment with the applicant or any wastewater treatment contractors which could create or potentially give rise to a conflict or potential conflict between their personal/financial interests and their duties in connection with this application.

Name of

Laboratory

Representative : TONY CHAN

Post : Laboratory Manager

Signature of

Laboratory

Representative : 

Date : 29/10/2xxx



**Chop of  
Laboratory**

\* Delete whichever if inappropriate

# The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.

表格 2  
 FORM 2  
 《商業登記條例》(第310章)  
 BUSINESS REGISTRATION ORDINANCE (Chapter 310)  
 《商業登記規例》  
 BUSINESS REGISTRATION REGULATIONS  
 總行/分行登記證  
 Head Office/Branch Registration Certificate

正本  
 ORIGINAL  
 XXXXXX  
 XXXXXX

業務/法團所用名稱  
 Name of Business/  
 Corporation  
 黃家發公司  
 ABC Co., Ltd.

業務/分行名稱  
 Business/  
 Branch Name  
 黃家發酒家  
 ABC Restaurant

地址  
 Address  
 2/F, Sha Tin Centre,  
 Sha Tin, N.T.

業務性質  
 Nature of Business  
 RESTAURANT

法律地位  
 Status  
 BODY CORPORATE

生效日期  
 Date of Commencement  
 04/04/2008

屆滿日期  
 Date of Expiry  
 03/04/2xxx

登記證號碼  
 Certificate No.  
 [REDACTED]

登記費及徵費  
 Fee and Levy  
 \$450  
 (登記費 FEE = \$ 0)  
 (徵費 LEVY = \$450)

請注意下列《商業登記條例》的規定 (SEE OVERLEAF FOR ENGLISH VERSION)

第6(8)條 規定就任何業務發出兩張登記證或分行登記證，不得當作兩張以下意思：在兩張登記證或兩張業務的人須受與該業務的規定的任何法律規定已獲准從。

第7(2)條 規定任何經營業務人士，倘在原有商業登記證或分行登記證未收到續領通知內，於於1個月內以書面通知稅務局。

第8條 規定凡申請變更業務內所列業務詳情有任何變更時須於凡其業務詳情結束，任何經營有該業務的人或任何在結束前經營該業務的人須於該業務結束時或該業務結束時起計1個月內，以書面通知局長。

第12條 規定各業務須將其有效的商業登記證或有效的分行登記證於每一營業地點展示。

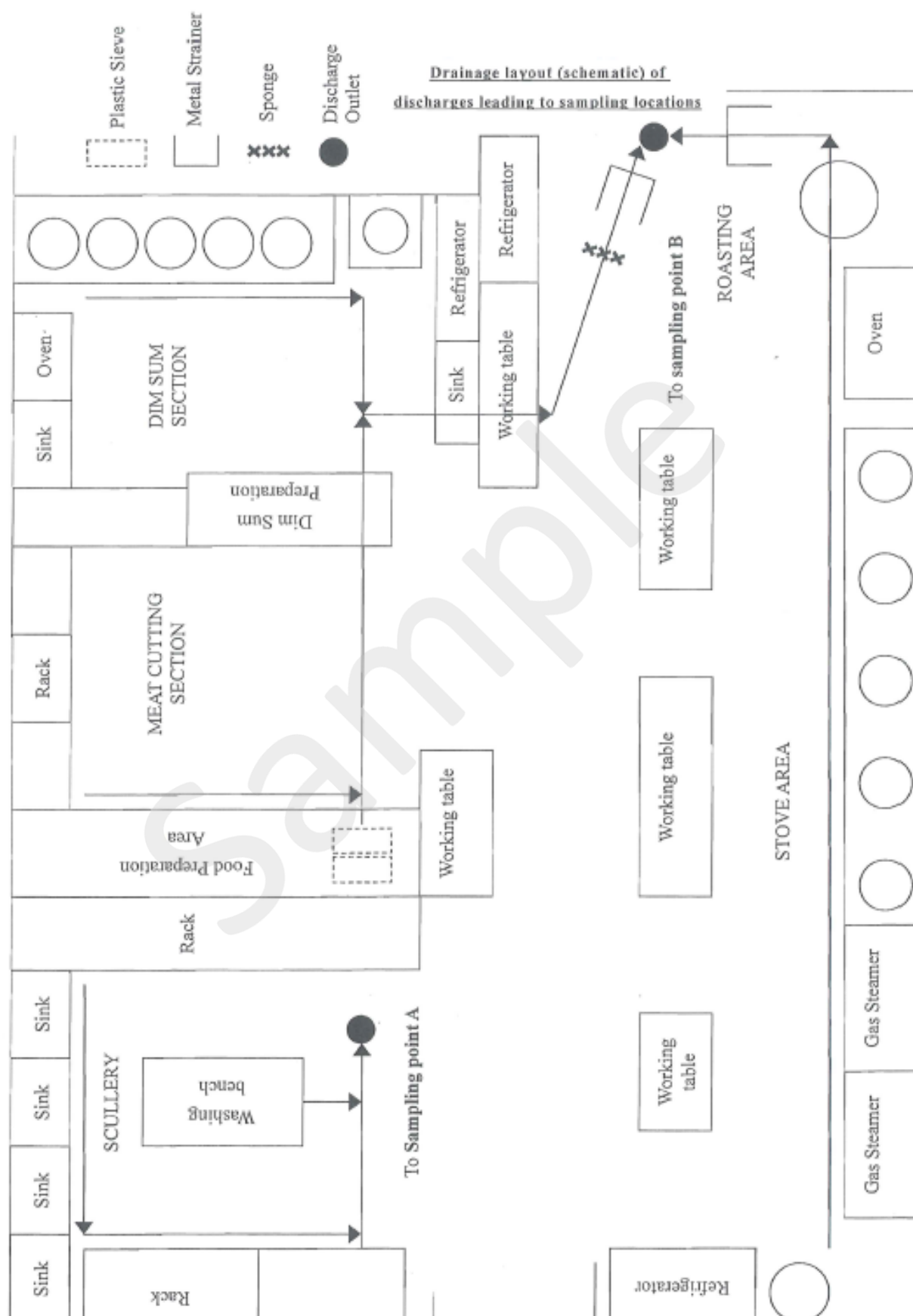
第15(1)條 規定對觸犯本條例者可處以罰款，包括罰款\$6,000及監禁1年。

第21條 規定罰款或繳費所得的全部款項撥付給產欠稅務局。

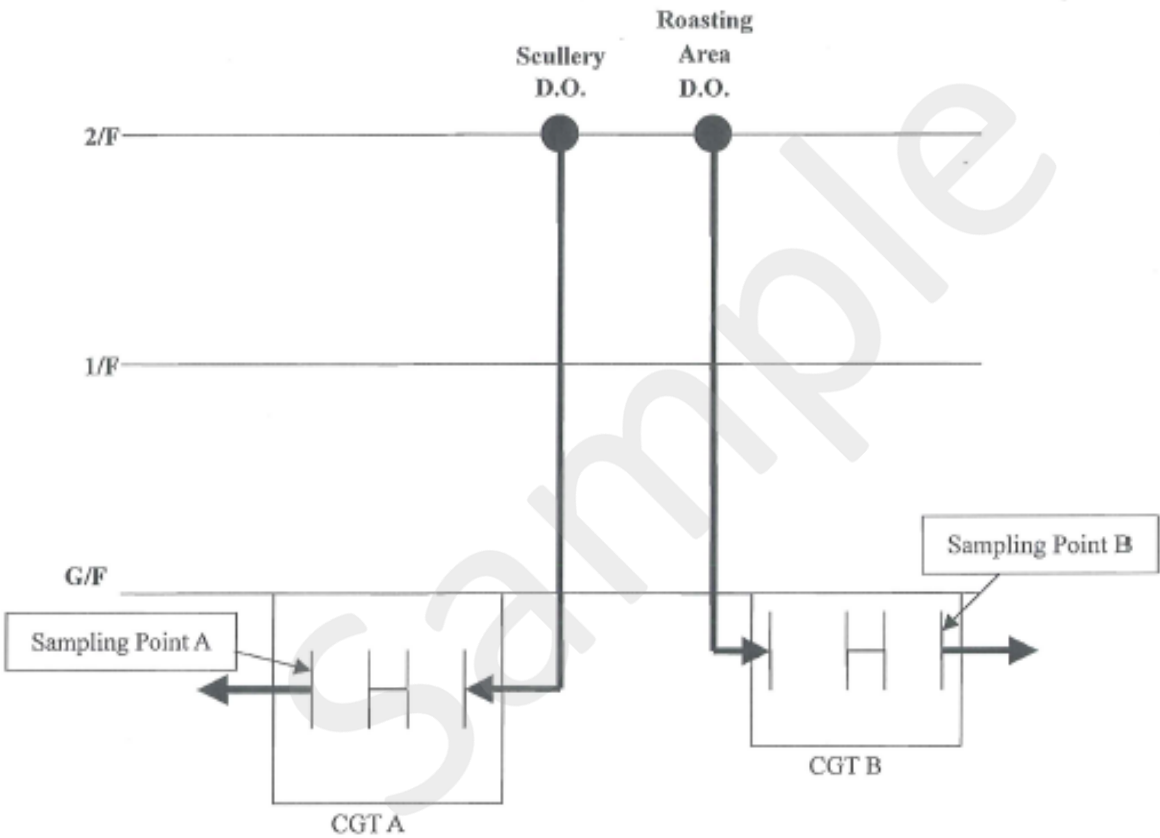
繳款時請將此商業登記證及徵費通知單完整交出。從付款後，本通知單即由方成為有效的商業登記證。  
 PLEASE PRODUCE THIS CERTIFICATE AND DEMAND NOTE INTACT AT TIME OF PAYMENT. THIS DEMAND NOTE  
 WILL ONLY BECOME A VALID BUSINESS REGISTRATION CERTIFICATE UPON PAYMENT.

紙印所示登記費及徵費收訖。(請參閱背頁繳費辦法所載內容)  
 RECEIVED FEE AND LEVY HERE STATED IN PRINTED FIGURES. (Please see payment instructions overleaf.)

2008 27/03/08 26MOC002 000022 CDD \$450.00 H  
 I.R.D.B. RECEIVED (10/2007)  
 I.R.D.B. 101 (10/2007)



Cross-section layout (schematic) of discharges from  
multi-storey building leading to sampling locations



ABC Restaurant

A/C No. 12345678901 (Main)

A/C No. 55556555566 (Hydro-vent)

Sampling planName of the Establishment : ABC Restaurant

1. Sampling time from 04:00 to 01:30, with sampling time interval of 15min.
2. Sampling location G/F
3. Sampling point :
  - Total No. of discharged point : 2
  - Location of discharged point : Scullery, and roasting area
  - Total No. of Sampling Point : 2 (sampling points A and B)
  - Location of Sampling Point : Samples collected at the outlets of central grease traps
4. Sampling proposal :
  - Sampling Date : To be confirmed
  - No. of Sampling Days : Minimum 4
  - Sampling Period : 04:00-01:30
  - Sampling Frequency : Every 15 minutes
  - Sampling method and tools : Using wide mouth glass sampling bottles (see note)
  - Sampling Volume : 500 ml
  - Sample container : Glass bottle
5. Water meter(s) location G/F (2 meters, Main meter no. M-12121212  
Hydro-vent meter no. M-34343434
6. Procedure :
  - 6.1 Record water meter reading from 04:00 to the time of last sample, with a time interval of one hour. Water meter reading for last sample should also be recorded.
  - 6.2 Sampling staff should arrive at the sampling location 15 to 30min. before the sampling time.
  - 6.3 All necessary items and equipment should be ready including wide mouth sampling bottles (which should have been thoroughly cleaned prior to use), sample log sheet, sample storage box with sufficient ice, pump, bucket, tape etc.
  - 6.4 Individual samples should be collected at a time interval of 15min. and the sampling should be punctual.
  - 6.5 Individual samples should be collected at specified location using specified sampling method.
  - 6.6 All sampling staff should fully understand the sampling arrangement before the commencement of sampling.
  - 6.7 Sampling equipment should be cleaned to avoid contamination. The sampling bottles should be rinsed two to three times in the discharge stream, prior to collection of the sample except where high concentrations of grease and solids are present.
  - 6.8 Exercise care during sampling to avoid incorporation of solids that may be attached to the effluent channel or pipe.



- 6.9 Deliver sample into sample bottle up to bottle neck, cover it and seal properly with tape and sign at the junction.
- 6.10 Attach sample label(s) to the sample bottle.
- 6.11 Place the sample bottle into sample storage box with sufficient ice inside to keep samples at 0 – 4°C to minimize change in sample quality.
- 6.12 Sign on the sample log sheet to confirm the collection of the sample.

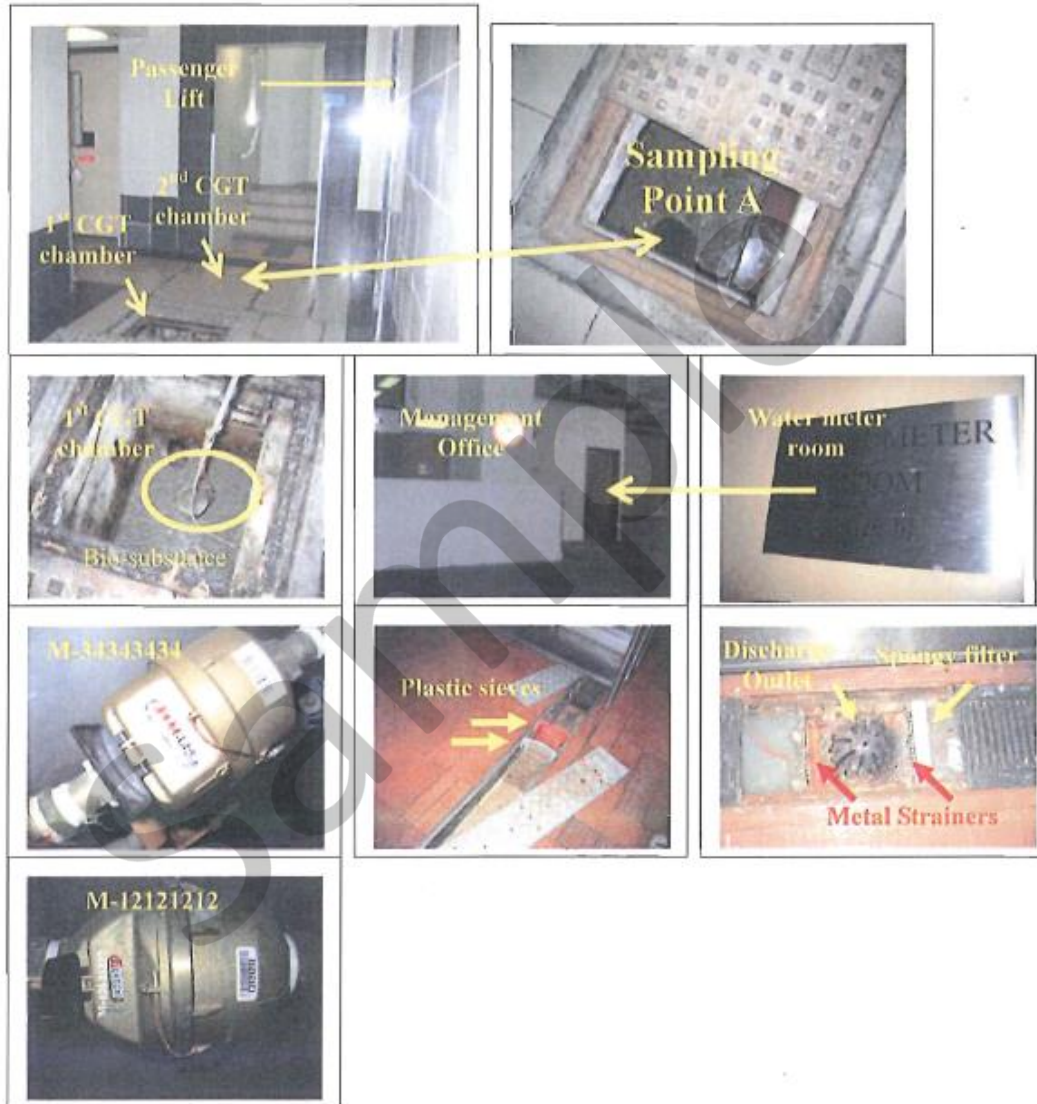
Note :

Sampling method :

- I Using wide mouth glass sampling bottles : All samples should be well mixed and transferred into sample bottles provided by DEF Laboratory. Sampling staff may use the sample bottles as provided by DEF Laboratory directly to collect sample at sampling location and the sampling point should be at middle level of water depth in the Central Grease Trap (CGT).
- II Siphon / Open tap / Electric pump method : Effluent flow should be allowed for at least one minute before sample is collected. The discharge volume should be large enough to displace effluent remaining in the sampling line during the last sampling. The intake of the sampling line should be placed at middle level of water depth in the CGT. The linear velocity of the sample in the pipe should not be less than 0.5m/s (based on maximum internal diameter of the sampling hose / tap).



## ABC Restaurant



Central Grease Trap A (CGT-A) was located at the G/F car park (near the passenger lift). "Bio-substance" was placed inside the 1<sup>st</sup> chamber of the CGT. Sampling point A was at the outlet of the CGT. Water Meter Room was located at the G/F car park. The entrance of the room was beside the management office.

## ABC Restaurant

Sampling Tool : Wide mouth glass sampling bottle



Central Grease Trap B (CGT-B) was located at the entrance of the G/F car park. “Bio-substance” was placed inside the 1<sup>st</sup> chamber of the CGT. Sampling point B was at the outlet of the CGT.

Water Consumption Recordof  
ABC Restaurant

Account No. (Main) : 12345678901  
 Account No. (Hydro-Vent) : 55556555566  
 Meter No. (Main) : MKP-12121212  
 Meter No. (Hydro-Vent) : MNDL-34343434

Previous Date	Present Date	Previous Meter Reading (Cubic meter)	Present Meter Reading (Cubic meter)	Monthly Consumption (Cubic meter)	No. of days	Daily Consumption (Cubic meter)
Meter no. 24-01-2xxx	MNDL-34343434 15-05-2xxx	376	961	585	112	5.22
15-05-2xxx	05-09-2xxx	961	1,583	622	113	5.50
Meter no. 02-04-2xxx	MKP-12121212 03-05-2xxx	29,999	34,201	1,207	225	5.36
03-05-2xxx	03-06-2xxx	34,201	38,386	4,202	31	135.55
03-06-2xxx	07-07-2xxx	38,386	42,677	4,185	31	135.00
07-07-2xxx	31-07-2xxx	42,677	45,855	4,291	34	126.21
31-07-2xxx	01-09-2xxx	45,855	49,822	3,178	24	132.42
01-09-2xxx	29-09-2xxx	49,822	52,740	3,967	32	123.97
				2,918	28	104.21
				22,741	180	126.34
						131.70

Daily  
Average**REMARKS:**

According to the water consumption record and preliminary testing, we estimate the COD total and COD settle values of the trade effluent discharged from ABC Restaurant are: COD total = 1200 mg/L and COD settle = 1100 mg/L. Therefore we propose that the no. of sampling days is 4. (1100 mg/L  $\times$  131.70 m<sup>3</sup>  $\times$  0.8 = 115.90 Kg/Day)

**Procedures for sample storage, delivery, and preservation**

1. Sample storage : After the completion of sampling, all samples should be kept at 0 – 4°C in sample storage box(es) under custody with locks provided by laboratory.
2. Sample delivery : All collected samples to be transported to the laboratory by sampling/laboratory staff (note1) as soon as possible, and not later than the end of each sampling day the latest (note 1)

	Person-in-charge /company (at sampling location)	Place of departure & departure time	Person-in-charge /company (at place of destination)	Place of destination & arrival time	Means of transport/ Transport company
Immediate delivery	Staff of DEF Laboratory (Mr LEE Ming-fai)	ABC Restaurant B2/F 01:45	Staff of DEF Laboratory (Mr LEE Ming-fai)	DEF Laboratory 03:00	DEF Laboratory vehicle

3. Sample preservation and mixing :

According to the requirements stipulated in the “Technical Memorandum on procedures and methods for sampling and analysis of trade effluents”

**Note 1: Sample delivery****1.1 Immediate delivery -**

After completion of sampling, the sampler(s) should securely and properly store the samples in sample storage container(s) with sufficient ice provided by the laboratory to maintain a temperature of 0 – 4 °C and deliver them under custody with all sampling record from sampling location to the laboratory immediately. On leaving the sampling location, the sampler(s) should record in sample log sheet the time and location of leaving, as well as the name(s) and signature(s) of staff responsible for sample delivery. On arrival at the destination, an approved laboratory staff should unlock the sample storage container(s), put the samples into laboratory refrigerator, record the time of arrival and the name of the laboratory staff with signature.

**1.2 Delayed delivery -**

If samples cannot be delivered immediately after completion of sampling, the sampler(s) should keep the samples under custody, securely and properly store them in sample storage container(s) with sufficient ice provided by the laboratory to maintain a temperature of 0 – 4 °C and transport them to the laboratory as soon as possible. On leaving the sampling location, the sampler(s) should record in sample log sheet the time and location of leaving, as well as the name(s) and signature(s) of staff responsible for sample delivery. On arrival at the destination, an approved laboratory staff should unlock the sample storage container(s), put the samples into laboratory refrigerator, record the time of arrival and the name of the laboratory staff with signature.

**1.3 Split delivery -**

If there are too many samples, and it is anticipated that they cannot be delivered to the laboratory in one batch, the sampler(s) should arrange to deliver part of the samples collected earlier to the laboratory and deliver the rest immediately after the completion of all sampling work. At all time, samples should be kept under custody, securely and properly stored in sample storage container(s) with sufficient ice provided by the laboratory to maintain a temperature of 0 – 4 °C and transported to the laboratory as soon as possible. On leaving the sampling location, the sampler(s) should record in sample log sheet the time and location of leaving, as well as the name(s) and signature(s) of staff responsible for sample delivery. On arrival at the destination, an approved laboratory staff should unlock the sample storage container(s), put the samples into laboratory refrigerator, record the time of arrival and the name of the laboratory staff with signature.



Sample Storage Containers with Lock





**Declaration of kitchen practice for restaurant and food factory**

Name of the Establishment : ABC Restaurant

Address : 2/F, Shatin Centre, Shatin, N.T.

Nature of the business : Restaurant-Chinese

**A. Kitchen Practice** (Kitchen or Food Factory – hereafter referred to as Kitchen)

1. Which preliminary procedure is used for cleaning the tableware and food utensils ?  
☒ The food waste is scraped into waste bins  
☒ The food waste is cleared by flushing with water  
☒ Other, please specify Dish-washing Machine
2. Are \*stainless steel / plastic strainers used in the sinks to remove food dregs from the cleaning process ?  
☒ Yes ☐ No
3. Are there any grease boxes installed under the sink ?  
☒ Yes ☐ No  
If “yes”, the cleaning frequency is 1 times per \*day / ~~week~~ and carried out by \*staff / ~~other~~,  
~~please specify~~ \_\_\_\_\_
4. Are there any devices used at washing bench to remove food dregs during cleaning ?  
☒ Yes ☐ No  
If “yes”, which type of device is used?  
☒ \*~~Bamboo~~ / Stainless steel / Plastic strainer  
☐ Other, please specify \_\_\_\_\_
5. Other than fixed bar screens, any other devices used to retain food dregs in the drainage of kitchen ?  
☒ Yes ☐ No  
If “yes”, which type of device is used?  
☒ \*Stainless steel / Plastic strainer  
☒ Other filtering device → please complete **section A.6**
6. In surface channel(s), other filtering device in use is \*~~sponge~~ / ~~other, please specify~~ \_\_\_\_\_

Near the drainage outlet(s), other filtering device in use is \*sponge / ~~other, please specify~~ \_\_\_\_\_

Will their use in the drainage system interrupt flow of wastewater ? ☐ will ☒ will not

\*Delete whichever if inappropriate

- 6.1 Is the same device used in other operations of the kitchen or scullery ?  
☐ Yes ☒ No  
 If “yes”, please specify \_\_\_\_\_
- 6.2 What is the average consumption of the filtering device / material ? 4 pieces / month  
*(supported with copies of invoices for the previous four months)*
7. How is frozen food thawed in the food preparation ?  
☒ In \*buckets / sinks with water  
☒ In \*buckets / sinks with running water  
☒ Thaw slowly at room temperature
8. Which kind of ventilation device is installed in the kitchen ?  
 \*Hydro-vent / Air-filter system / Other, please specify Oil-digester for hydro-vent system
9. How is the oily matter gathered from the kitchen and scullery being disposed ?  
☐ Disposed directly into \*waste bins / garbage bags by staff  
☐ Disposed into the central grease traps  
☒ Stored in buckets and collected by ABC Oil Company  
 \_\_\_\_\_(contractor) for \*disposal / other recycling purposes.
10. How many drainage outlets in kitchen and scullery ?  
*Note: An uninterrupted flow should be maintained.*
- |   |                              |
|---|------------------------------|
| 10.1) <u>1</u> No.(s) at <u>Roasting Area</u> | 10.6) _____ No.(s) at _____  |
| 10.2) <u>1</u> No.(s) at <u>Scullery</u>      | 10.7) _____ No.(s) at _____  |
| 10.3) _____ No.(s) at _____                   | 10.8) _____ No.(s) at _____  |
| 10.4) _____ No.(s) at _____                   | 10.9) _____ No.(s) at _____  |
| 10.5) _____ No.(s) at _____                   | 10.10) _____ No.(s) at _____ |
11. Are there any recycle tanks in operation during cleaning?  
☐ Yes ☒ No

## B. Central Grease Traps

Any central grease trap(s) provided for the Establishment ?

☒ Yes ☐ No

If “yes”, please complete **sections B1-B6:**

1. Information of the grease traps : 2 No.(s) of grease traps in operation

Overall dimensions (LxWxH)	No. of chambers	Effective depth	Effective volume	No. of such grease trap	Total effective volume
2.4 m x 1.2 m x 1.2 m	2	0.8 m	2.3 m <sup>3</sup>	1	4.2 m <sup>3</sup>
2.6 m x 1.2 m x 0.8 m	2	0.6 m	1.9 m <sup>3</sup>	1	
m x m x m		m	m <sup>3</sup>		
m x m x m		m	m <sup>3</sup>		
m x m x m		m	m <sup>3</sup>		

Other, please specify \_\_\_\_\_

\*Delete whichever if inappropriate



2. Is wastewater generated from ALL operations of the kitchen and scullery discharged to the public drain via those grease traps ?  
☒ Yes    ☐ No
3. Is wastewater from other establishments discharged to the above-mentioned grease traps?  
☐ Yes    ☒ No
4. What is the pump-out frequency ?  
 \_\_\_\_\_ 1 \_\_\_\_\_ time(s) per \_\_\_\_\_ \*week / month and carried out by XYZ Environmental Treatment Co. (contractor).  
*(supported with copies of invoices for cleaning of grease trap and grease trap waste disposal record (DSD/TES9(e)) for the previous four months)*
5. If the Establishment maintains the grease traps by its own staff, please state the procedure, time and frequency taken to remove and dispose of the scum and settled solids below.  
*(supported with a logbook verified by authorized person with signature and grease trap waste disposal record (DSD/TES9(e)) for the previous four months)*
- 
- 

6. Are there any treatment materials added directly or indirectly to the grease traps for improving the quality of effluent ?  
☒ Yes    ☐ No

If “yes”, please give the names of the products and responsible local Supplier / Contractor in the following table.

*(supported with an effective Contract OR with \*invoices / a dosing logbook verified by authorized person with signature for the previous four months)*

Product <sup>#</sup>	Supplier / Contractor
Bio-substance	DEF Treatment Co.

Remark # Please submit technical information of the product(s) in detail

State the procedure of application of the product(s), including dosage and dosing point below

5 Kg “bio-substance” (totally 10 Kg) was separately put in 1<sup>st</sup> chamber of CGT A and B.

Replacement would be performed every month.

---

### C. Other methods of treatment

Other \*physical / chemical / biological procedures in wastewater treatment

*(supported with records verified by authorized person with signature for the previous four months)*

---



---

\*Delete whichever if inappropriate

Note: Unless explicitly approved by Drainage Services Department, any other enhancement or treatment, e.g. filter, net, sponge, or biological products not declared in this form should NOT be temporarily implemented or augmented during the sampling period.

Other Remarks

Fish pool was connected to CGT. The restaurant manager promised to avoid discharging or replacing water of fish pool during sampling date. Otherwise, sampling arrangement would be cancelled for that day.

### **Declaration**

**I declare on behalf of the Establishment that the information given in the above Sections A to C is correct. The business operation practices as reported in these Sections are strictly adhered to at all times.**

**Name of Representative** : Chan Tai Man

**Post** : Restaurant Manager

**Signature** : Chan TM

**Date** : 29/10/2xxx



**Company Chop**

Proposed number of sampling days

THE GOVERNMENT OF THE HKSAR  
WEST KOWLOON TRANSFER STATION  
TRANSACTION RECORD  
香港特別行政區政府  
西九龍廢物轉運站交收紀錄

Date: 4/7/2xxx Ref. No.: 12/361650  
日期 參考號碼

Veh. Reg. Mark: VRM A/O No.:  
車輛登記號碼 賬戶編號  
ZZ1234 1234567

Time in: 10:08 Time out: 10:29  
進入時間 離開時間

Weight in: (tonne) 23.34 Weight out: (tonne) 12.66  
入載重量 (公噸) 出載重量 (公噸)

Net weight: (tonne) 10.68 Load charged: (tonne) 10.68  
廢物淨重量 (公噸) 收費重量 (公噸)

Incident Form: 事故紀錄  
Complimentary ticket: 免費券  
N XYZ  
Environmental Treatment Co.

Telephone enquiry (查詢電話): 1237 0876

THE GOVERNMENT OF THE HKSAR  
WEST KOWLOON TRANSFER STATION  
TRANSACTION RECORD  
香港特別行政區政府  
西九龍廢物轉運站交收紀錄

Date: 3/8/2xxx Ref. No.: 42/364710  
日期 參考號碼

Veh. Reg. Mark: VRM A/O No.:  
車輛登記號碼 賬戶編號  
ZZ1234 1234567

Time in: 11:12 Time out: 11:42  
進入時間 離開時間

Weight in: (tonne) 23.34 Weight out: (tonne) 12.66  
入載重量 (公噸) 出載重量 (公噸)

Net weight: (tonne) 10.68 Load charged: (tonne) 10.68  
廢物淨重量 (公噸) 收費重量 (公噸)

Incident Form: 事故紀錄  
Complimentary ticket: 免費券  
N XYZ  
Environmental Treatment Co.

Telephone enquiry (查詢電話): 1237 0876

THE GOVERNMENT OF THE HKSAR  
WEST KOWLOON TRANSFER STATION  
TRANSACTION RECORD  
香港特別行政區政府  
西九龍廢物轉運站交收紀錄

Date: 6/9/2xxx Ref. No.: 19/234980  
日期 參考號碼

Veh. Reg. Mark: VRM A/O No.:  
車輛登記號碼 賬戶編號  
ZZ1234 1234567

Time in: 15:32 Time out: 16:01  
進入時間 離開時間

Weight in: (tonne) 23.34 Weight out: (tonne) 12.66  
入載重量 (公噸) 出載重量 (公噸)

Net weight: (tonne) 10.68 Load charged: (tonne) 10.68  
廢物淨重量 (公噸) 收費重量 (公噸)

Incident Form: 事故紀錄  
Complimentary ticket: 免費券  
N XYZ  
Environmental Treatment Co.

Telephone enquiry (查詢電話): 1237 0876

THE GOVERNMENT OF THE HKSAR  
WEST KOWLOON TRANSFER STATION  
TRANSACTION RECORD  
香港特別行政區政府  
西九龍廢物轉運站交收紀錄

Date: 5/10/2xxx Ref. No.: 14/316792  
日期 參考號碼

Veh. Reg. Mark: VRM A/O No.:  
車輛登記號碼 賬戶編號  
ZZ1234 1234567

Time in: 12:01 Time out: 12:30  
進入時間 離開時間

Weight in: (tonne) 23.34 Weight out: (tonne) 12.66  
入載重量 (公噸) 出載重量 (公噸)

Net weight: (tonne) 10.68 Load charged: (tonne) 10.68  
廢物淨重量 (公噸) 收費重量 (公噸)

Incident Form: 事故紀錄  
Complimentary ticket: 免費券  
N XYZ  
Environmental Treatment Co.

Telephone enquiry (查詢電話): 1237 0876

XYZ Environmental Treatment Company,  
1/F., Kowloon Centre, Kowloon, Hong Kong.

Tel: 12345678  
Fax:23456789

INVOICE 發票

Client 客戶名稱	No. 發票編號	1115
ABC Restaurant	Issue Date 發出日期	July 25 2xxx
	Customer No. 客戶編號	12345
Site Address 工作地點	Your Ref. 客戶訂單編號	CGT0708
Sha Tin Centre, Sha Tin, N.T (G/F car park, CGT)	Salesman 營業員	Kay
	Payment Terms 付款方式	NET 30

產品編號 ITEM CODE	產品說明 PRODUCT DESCRIPTION	數量 QTY	單位 UNIT PRICE	金額 AMOUNT
CGT0708	Central Grease Trap Cleaning 3 July 2xxx	1	1000.00	1000.00

Certified true copy

*Jack*

(Jack CHAN)  
Director



XYZ Environmental Treatment Company,  
1/E., Kowloon Centre, Kowloon, Hong Kong.

Tel: 12345678  
Fax:23456789

INVOICE 發票

Client 客戶名稱	No. 貨單編號	1119
ABC Restaurant	Issue Date 發出日期	Aug 25 2xxx
	Customer No. 客戶編號	12345
Site Address 工作地點	Your Ref. 客戶訂單編號	CGT0808
Sha Tin Centre, Sha Tin, N.T (G/F car park, CGT)	Salesman 營業員	Kay
	Payment Terms 付款方式	NET 30

產品編號 ITEM CODE	產品說明 PRODUCT DESCRIPTION	數量 QTY	單價 UNIT PRICE	金額 AMOUNT
CGT0808	Central Grease Trap Cleaning 2 August 2xxx	1	1000.00	1000.00



Certified true copy

Jack

(Jack CHAN)  
Director

XYZ Environmental Treatment Company,  
1/F., Kowloon Centre, Kowloon, Hong Kong.

Tel: 12345678  
Fax:23456789

INVOICE 發票

Client 客戶名稱	No. 單據編號	1123
ABC Restaurant	Issue Date 發出日期	Sept 25 2xxx
	Customer No. 客戶編號	12345
Site Address 工作地點	Your Ref. 客戶訂單編號	CGT0908
Sha Tin Centre, Sha Tin, N.T (G/F car park, CGT)	Salesman 營業員	Kay
	Payment Terms 付款方式	NET 30

產品編號 ITEM CODE	產品說明 PRODUCT DESCRIPTION	數量 QTY	單價 UNIT PRICE	金額 AMOUNT
CGT0908	Central Grease Trap Cleaning 5 September 2xxx	1	1000.00	1000.00

Certified true copy

Jack

(Jack CHAN)  
Director



XYZ Environmental Treatment Company,  
1/F., Kowloon Centre, Kowloon, Hong Kong.

Tel: 12345678  
Fax: 23456789

INVOICE 發票

Client 客戶名稱	No. 單據編號	1130
ABC Restaurant	Issue Date 發單日期	Oct 25 2xxx
	Customer No. 客戶編號	12345
Site Address 工作地點	Your Ref. 客戶訂單編號	CGT1008
Sha Tin Centre, Sha Tin, N.T (G/F car park, CGT)	Salesman 營業員	Kay
	Payment Terms 付款方式	NET 30

產品編號 ITEM CODE	產品說明 PRODUCT DESCRIPTION	數量 QTY	單價 UNIT PRICE	金額 AMOUNT
CGT1008	Central Grease Trap Cleaning 4 October 2xxx	1	1000.00	1000.00

Certified true copy

Jack

(Jack CHAN)  
Director

XYZ  
Environmental  
Treatment Co.





**Grease trap waste disposal record**

**Part A** – To be completed by grease trap waste producer

I certify, at the following date, the personnel or grease trap waste collector as stated in **Part B** was appointed to collect the mentioned quantity of grease trap waste from the declared waste producing location.

Name of Personnel in Charge : Wong Ka Tak


Post : Manager Signature : Wong KT

Waste Producing Location : ABC Restaurant

Address : 2/F, Sha Tin Centre, Sha Tin, N.T.

Grease Trap Cleaning Invoice  
Ref. No.  
(if applicable) : 1115

Date of Grease Trap Cleaning : 3/7/2xxx



**Part B** – To be completed by grease trap waste collector

I certify that I collected 5 (m<sup>3</sup>) of grease trap waste as per the date and location listed in **Part A** in vehicle (Registration No)(if applicable) ZZ1234 and delivered it to the mentioned waste disposal location on the declared date (and time) below.

Name of Personnel in Charge : Chan Chain Kit

Post : Driver Signature : CHAN CK


Company^ : XYZ Environmental Treatment Co.

Waste Disposal Location : West Kowloon Transfer Station

Transaction Record Ref. No.  
(if applicable) : 12/361650

Time of delivered to disposal location : 10:08

Date of delivered to disposal location : 4/7/2xxx



Note : The record should be completed properly for every collection of grease trap waste, and submitted together with the transaction record issued by grease trap waste handling facility whenever it is requested by Drainage Authority.

Remarks : ^ For the grease trap waste producer who appoints its staff to collect grease trap waste, please fill in the relevant information of producer.



**Grease trap waste disposal record**

**Part A** – To be completed by grease trap waste producer

I certify, at the following date, the personnel or grease trap waste collector as stated in **Part B** was appointed to collect the mentioned quantity of grease trap waste from the declared waste producing location.

Name of Personnel in Charge : Wong Ka Tak


Post : Manager Signature : Wong KT

Waste Producing Location : ABC Restaurant

Address : 2/F, Sha Tin Centre, Sha Tin, N.T.

Grease Trap Cleaning Invoice  
Ref. No.  
(if applicable) : 1119

Date of Grease Trap Cleaning : 2/8/2xxx



**Part B** – To be completed by grease trap waste collector

I certify that I collected 5 (m<sup>3</sup>) of grease trap waste as per the date and location listed in **Part A** in vehicle (Registration No)(if applicable) ZZ1234 and delivered it to the mentioned waste disposal location on the declared date (and time) below.

Name of Personnel in Charge : Chan Chain Kit

Post : Driver Signature : CHAN CK


Company^ : XYZ Environmental Treatment Co.

Waste Disposal Location : West Kowloon Transfer Station

Transaction Record Ref. No.  
(if applicable) : 42/364710

Time of delivered to disposal location : 11:12

Date of delivered to disposal location : 3/8/2xxx



Note : The record should be completed properly for every collection of grease trap waste, and submitted together with the transaction record issued by grease trap waste handling facility whenever it is requested by Drainage Authority.

Remarks : ^ For the grease trap waste producer who appoints its staff to collect grease trap waste, please fill in the relevant information of producer.



**Grease trap waste disposal record**

**Part A** – To be completed by grease trap waste producer

I certify, at the following date, the personnel or grease trap waste collector as stated in **Part B** was appointed to collect the mentioned quantity of grease trap waste from the declared waste producing location.

Name of Personnel in Charge : Wong Ka Tak


Post : Manager Signature : Wong KT

Waste Producing Location : ABC Restaurant

Address : 2/F, Sha Tin Centre, Sha Tin, N.T.

Grease Trap Cleaning Invoice  
Ref. No.  
(if applicable) : 1123

Date of Grease Trap Cleaning : 5/9/2xxx



**Part B** – To be completed by grease trap waste collector

I certify that I collected 5 (m<sup>3</sup>) of grease trap waste as per the date and location listed in **Part A** in vehicle (Registration No)(if applicable) ZZ1234 and delivered it to the mentioned waste disposal location on the declared date (and time) below.

Name of Personnel in Charge : Chan Chain Kit

Post : Driver Signature : CHAN CK


Company^ : XYZ Environmental Treatment Co.

Waste Disposal Location : West Kowloon Transfer Station

Transaction Record Ref. No.  
(if applicable) : 19/234980

Time of delivered to disposal location : 15:32

Date of delivered to disposal location : 6/9/2xxx



Note : The record should be completed properly for every collection of grease trap waste, and submitted together with the transaction record issued by grease trap waste handling facility whenever it is requested by Drainage Authority.

Remarks : ^ For the grease trap waste producer who appoints its staff to collect grease trap waste, please fill in the relevant information of producer.



**Grease trap waste disposal record**

**Part A** – To be completed by grease trap waste producer

I certify, at the following date, the personnel or grease trap waste collector as stated in **Part B** was appointed to collect the mentioned quantity of grease trap waste from the declared waste producing location.

Name of Personnel in Charge : Wong Ka Tak


Post : Manager Signature : Wong KT

Waste Producing Location : ABC Restaurant

Address : 2/F, Sha Tin Centre, Sha Tin, N.T.

Grease Trap Cleaning Invoice  
Ref. No.  
(if applicable) : 1130

Date of Grease Trap Cleaning : 4/10/2xxx



**Part B** – To be completed by grease trap waste collector

I certify that I collected 5 (m<sup>3</sup>) of grease trap waste as per the date and location listed in **Part A** in vehicle (Registration No)(if applicable) ZZ1234 and delivered it to the mentioned waste disposal location on the declared date (and time) below.

Name of Personnel in Charge : Chan Chain Kit

Post : Driver Signature : CHAN CK


Company^ : XYZ Environmental Treatment Co.

Waste Disposal Location : West Kowloon Transfer Station

Transaction Record Ref. No.  
(if applicable) : 14/316792

Time of delivered to disposal location : 12:01

Date of delivered to disposal location : 5/10/2xxx



Note : The record should be completed properly for every collection of grease trap waste, and submitted together with the transaction record issued by grease trap waste handling facility whenever it is requested by Drainage Authority.

Remarks : ^ For the grease trap waste producer who appoints its staff to collect grease trap waste, please fill in the relevant information of producer.

DEF Treatment Company,  
11/F., Kowloon Building, Kowloon, Hong Kong.  
Tel. (852)-2345-6780 Fax (852)-2345-6788

INVOICE NO #123456  
DATE : 25/10/2xxx

ABC Restaurant  
Sha Tin Centre,  
Sha Tin, N.T  
(G/F car park, CGT, 1<sup>st</sup> chamber)

INVOICE

Product Description	Qty / Unit Price
<b>Bio-substance (生化處理劑)</b>	
July 2xxx	5 kg / 200
August 2xxx	5 kg / 200
September 2xxx	5 kg / 200
October 2xxx	5 kg / 200
<b>Spongy filter cost</b>	
July 2xxx	4 pcs / 10
August 2xxx	4 pcs / 10
September 2xxx	4 pcs / 10
October 2xxx	4 pcs / 10
TOTAL	DEF Treatment Co. 840.00

Certified true copy



(Mary LAU)  
Technical Officer

Payment by ABC Restaurant  
Payment period 30 days •  
For any enquires please contact Kay Chan, (852)-2345-6780

Thank You !



**Declaration of proposed cleaning frequency and date(s) for central grease trap(s) (CGT)**

Account No. : 12345678901, 55556555566

In connection with the application of COD reassessment for the above account(s) submitted by the applicant, Drainage Services Department (DSD) will decide the sampling dates in between the cleaning dates of the CGT(s) with a view to obtain representative samples which can truly reflect the actual pollution strength. Such arrangement of sampling dates is therefore based on the cleaning date(s) and frequency as declared by the applicant, the laboratory<sup>#</sup> authorized by the applicant to handle this application, as well as the grease trap waste (GTW) collector \*and the treatment consultant to clean CGT(s) (“treatment consultant”).

Therefore, the applicant, the laboratory, GTW collector \* and the treatment consultant have to explicitly declare and duly sign to confirm all necessary information below and submit the completed form to DSD as soon as possible:

Frequency of CGT cleaning (from _10_/2xxx month/year to _9_/2xxa month/year)	The CGT(s) is/are cleaned _1_ time(s) for every : ____ <del>year</del> / __1__ <del>month</del> / ____ <del>week</del> / ____ <del>day</del> *
Dates of CGT cleaning (from _10_/2xxx month/year to _3_/2xxb month/year)	5/10, 5/11, 4/12/2xxx, 6/1, 3/2, 3/3/2xxb

# The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.

After completion of sampling, the applicant, the laboratory \*and the treatment consultant should submit records of CGT cleaning for the period covering at least 30 days before the first sampling date and 15 days after the last sampling date. The submission shall include GTW disposal record and copy of invoice for the cleaning (wherever applicable).

If no written notification is received, DSD shall assume that the applicant, GTW collector \*and treatment consultant will carry out cleaning of the CGT according to the above frequency and dates. For cleaning of the CGT on the date(s) other than those declared and without made known to DSD, all samples collected and corresponding results would become void.

\* Delete whichever if inappropriate

**Applicant**

Name of Establishment : ABC Restaurant

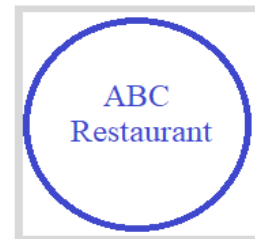
Name of Representative : Chan Tai Man

I.D. No. : X123456(7)

Post : Restaurant Manager

Signature of Representative : Chan TM

Date : 29/10/2xxx



Company Chop

**Treatment Consultant**

Name of Treatment Consultant : DEF Treatment Co.

Name of Representative : Mary LAU

I.D. No. : Y123456(7)

Post : Technical Officer

Signature of Representative : Mary

Date : 29/10/2xxx

**Grease trap waste collector**

Name of grease trap waste collector : XYZ Environmental Treatment Co.

Name of Representative : Jack Chan

I.D. No. : Z123456(7)

Post : Director

Signature of Representative : Jack

Date : 29/10/2xxx

*Notes about Personal Data*

*The personal data provided by means of this form will be used in the application for COD reassessment. The personal data may be disclosed to other government departments, bureaus and relevant organizations, as well as other persons as permitted by the relevant legislation. You have a right of access and correction with respect to personal data as provided in the Personal Data (Privacy) Ordinance. Such request can be made by writing to DSD.*

**Remark: The applicant or the authorized representative should submit the original copy of this form for proper registration.**





# Drainage Services Department

The Government of the Hong Kong Special Administrative Region

## Declaration of use of strainers at drainage outlets and surface channels

To: Drainage Services Department (DSD)

Account No. : 12345678901, 55556555566

I/We declare that the number of strainers and their locations at drainage outlets and surface channels are as below:

Item	Location	No. of drainage outlets/surface channels with strainers	Type	No. of strainers (pcs)	Remark
1	Roasting Area	1 *drainage outlets/ surface channels	<del>*Non-detachable/</del> Detachable	2 *metal/ plastic	
2	Meat cutting section	1 *drainage outlets/ surface channels	<del>*Non-detachable/</del> Detachable	2 *metal/ plastic	
3		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
4		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
5		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
6		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
7		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
8		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
9		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	
10		*drainage outlets/ surface channels	*Non-detachable/ Detachable	*metal/ plastic	

\* Delete whichever if inappropriate

**Declaration:**

I/We understand that the above-mentioned use of strainers as pollution control measure is not long-lasting in view of their temporary effect and the difficulty in maintaining consistent and efficient operation. Thus, I/We have taken due care in considering their use. If I/We insist upon their use, any revision of TES rate approved by DSD is based on the provision that such use of strainers (including numbers and locations) must be at all times the same as the status quo during the course of sampling. I/We clearly understand that if there is any change in such use of strainers (including their numbers and locations), all previous collected samples and COD results, as well as the application, would be void.

**Remark:**

The locations of strainers declared above should be consistent with those as shown in the diagrams and photographs submitted by applicant.

**Company Chop****Applicant**

Name of Establishment : ABC Restaurant

Name of Representative : Chan Tai Man

Post : Restaurant Manager

Signature of Representative : Chan TM

Date : 29/10/2xxx

**Laboratory<sup>#</sup>**

Name of Laboratory : DEF Laboratory

Name of Representative : Tony Chan

Post : Laboratory Manager

Signature of Representative : Tony

Date : 29/10/2xxx

# The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.



**Declaration of use of sponges at drainage outlets and surface channels**

To : Drainage Services Department (DSD)

Account No. : 12345678901, 55556555566

I/We declare that the number of sponges and their locations at drainage outlets and surface channels are as below:

Item	Area	Total no.	Sponge locations (no.)	Total no. of sponges (pcs)	Remark
1	Drainage outlet	1	1	1	Near roasting area
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Declaration:**

I/We understand that the above-mentioned use of sponges as pollution control measure is not long-lasting due to the transient nature of their effect and difficulty in maintaining their effectiveness. Thus, I/We have taken due care in considering their use. If I/We insist upon their use, any revision of TES rate approved by DSD is based on the provision that such use of sponges (including numbers and locations) must be at all times be the same as the status quo during the course of sampling. I/We clearly understand that if there is any change in such use of sponges (including numbers and locations), all previous samples collected and COD results, as well as the application, would be void.

**Remark:**

The locations of sponges declared above should be consistent with those as shown in the diagrams and photographs submitted by the applicant.

**Company Chop****Applicant**

Name of Establishment : ABC Restaurant

Name of Representative : Chan Tai Man

Post : Restaurant Manager

Signature of Representative : *Chan TM*

Date : 29/10/2xxx

**Laboratory<sup>#</sup>**

Name of Laboratory : DEF Laboratory

Name of Representative : Tony Chan

Post : Laboratory Manager

Signature of Representative : *Tony*

Date : 29/10/2xxx

# The Laboratory must be a laboratory accredited within the Hong Kong Laboratory Accreditation Scheme (HOKLAS) for the analyses described in this application.