 **Radiation Control**   
 Private Bag X62 Enquiries: Admin

**RN523**

BELLVILLE 🕿: 021-957 7472 / 021-015 5511

7535 [radionuclides@sahpra.org.za](mailto:radionuclides@sahpra.org.za)

**APPLICATION FOR AUTHORITY FOR FINAL DISPOSAL OF LIQUID RADIOACTIVE WASTE**(excluding sealed sources)   
IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973

Please quote your file number   
 in all correspondence ⇨

**File no.: Authority no: /**

Submit the completed application *to the email address above.*

1. AUTHORITY HOLDER: 🕿:

2. POSTAL ADDRESS:

3. STREET ADDRESS:

4. CONTAINER IDENTIFICATION NUMBER:

5. APPROXIMATE ACTIVITY IN BEQUEREL PER LITRE FOR:

a) Alpha

b) Beta-gamma

c) Total

6. DETAILS OF RADIONUCLIDES PRESENT: Specify each isotope and its activity, including units (e.g. Bq/litre or MBq/ml).   
If necessary, use a separate page for additional details.

|  |  |
| --- | --- |
| a) | e) |
| b) | f) |
| c) | g) |
| d) | h) |

7. VOLUME OF LIQUID:

8. DESCRIPTION OF CONTAINER:

9. MAXIMUM RADIATION LEVEL AT SURFACE OF CONTAINER: μSv/h / mR/h

10. pH OF SOLUTION:

11. DISSOLVED SOLID CONTENT: mg/litre

12. DOES THE WASTE CONTAIN: (If so, give full details)

a) organic materials

b) halogens

c) detergents

d oxidising agents

e) sludges

f) chemically toxic materials

SIGNATURE NAME DATE

**FOR OFFICE USE (NECSA)**

|  |  |  |  |
| --- | --- | --- | --- |
| Disposal approved: | Date: | Sign: | Ref.: |
| Received: | Date: | Sign: | Ref.: |
| Disposed of: | Date: | Sign: | Ref.: |
| Total cost: |  | | |