



APPLICATION

APPROVAL TO OPERATE AN ON-SITE SEWAGE MANAGEMENT SYSTEM

Made under section 68 Local Government Act 1993

1. PROPERTY DESCRIPTION					
These details can be obtained from rate notices, property deeds or Council property records.					
Lot(s):					
Section:					
Deposited Plan:			Strata Plan:		
Unit No.			House No.		
Street:					
City/Town:			Postcode:		

2. PROPERTY OWNER DETAILS					
Please use legal name/entity					
Name(s):					
Postal Address:					
City/Town:			Postcode:		
Phone Number:	(BH):		(AH):		Mobile:
Email:					

3. APPLICANT DETAILS (Complete if the applicant is not the owner. If the applicant is the same as the owner, write 'as above')					
Name:					
Postal Address:					
City/Town:			Postcode:		
Phone Number:	(BH):		(AH):		Mobile:
Email:					

4. DETAILS OF THE SYSTEM	
Dimensions of the land:	_____ hectares / acres / m2 (please circle)
Main Use of the Land:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other – please specify:
Number of bedrooms:	_____ Number of persons: _____
Nature of water supply	<input type="checkbox"/> Town mains <input type="checkbox"/> Rainwater tank, capacity (litres): <input type="checkbox"/> Bore <input type="checkbox"/> Other – please specify:
Number of fittings connected to treatment system:	Bath(s): _____ Shower(s): _____ Kitchen sink(s): _____
	Toilet(s): _____ Basin(s): _____ Laundry(s): _____
Type of treatment system:	<input type="checkbox"/> Aerated Wastewater Treatment System (ATWS) <input type="checkbox"/> Convention Septic Tank
	<input type="checkbox"/> other – please specify: _____
	Is a Greywater Diversion Device (GDD) installed or proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer details:	Model: _____ Model: _____

Type of Related Effluent Application Area / Disposal Method:	<input type="checkbox"/> Surface spray irrigation	<input type="checkbox"/> Surface drip irrigation	<input type="checkbox"/> Subsurface irrigation <300mm
	<input type="checkbox"/> Evapo-transpiration bed(s)	<input type="checkbox"/> Absorption trench(es)	<input type="checkbox"/> Subsoil irrigation >300mm
	<input type="checkbox"/> Sand Mound / Wisconsin Mound	<input type="checkbox"/> Other – please specify:	
Distance from nearest watercourse (m):		Type of watercourse:	
Service contractor/ technician details:			
Last time serviced: (attach copy of receipt, if available)			

6. CONSENT & SIGNATURES

Applications require the signature of the property owner and the applicant or his/her representative. Unsigned applications cannot be processed.

OWNER'S CONSENT

The owner's authorisation to the making of this application must be obtained if you are not the owner. This is mandatory requirement under section 68 of the Local Government Act 1993.

As owner of the property, I consent to the making of this application and authorise staff of Council, or its representatives, to enter the subject property for the purposes of assessing the application for compliance, to carry out inspections and surveys, to take measurements, samples or photographs as required for the administration of the Act(s), Regulations or Planning Instrument. Access may be made in your absence and without prior notification.

Signature: _____ **Date:** _____
Printed Name: _____

APPLICANT SIGNATURE

I apply for the approval to operate an existing on-site sewage management system and agree to comply with the requirements and conditions that may be stated on the approval.

Signature: _____ **Date:** _____
Printed Name: _____

PRIVACY STATEMENT:

Personal and private information supplied to Council is managed in compliance with the *Privacy and Personal Information Protection Act 1998*. The supply of this information is not voluntary, as it is required by law in order to process your application/request. The intended recipients of the personal information are Officers within the Council, agents/contractor of the Council and other statutory authorities. You may apply for access or amendment to your personal information held by Council. You may also request that Council suppresses your personal information from a public register. If you have any further enquiries concerning this matter, contact Council on (02) 6033 8999, or the Information and Privacy Commission on 1800 472 679 or email ipcinfo@ipc.nsw.gov.au or the website www.ipc.nsw.gov.au.

OFFICE USE ONLY

Date Received:		Reference No.:	
Total Fees:		Receipt No.:	

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