

www.armidaleregional.nsw.gov.au

APPLICATION TO INSTALL, MODIFY OR OPERATE AN ON-SITE WASTEWATER MANAGEMENT SYSTEM 2017/2018

1. Information

Under Section 68 of the *Local Government Act 1993* prior approval of Council is required to install, modify and operate a sewage management system. Failure to seek approval is an offence and penalties apply. Approvals cannot be given retrospectively

Council has a specific policy for On-Site Wastewater Management (POL225). This is available upon request or on Council's web site. Your plumber should also have a copy.

2. Applicant's Information		
Name	Company/Organisation (if applic	able)
Street Address/Postal Address		
Town	State	Postcode
Email Address	Telephone	Mobile
3. Property Identification		
Property Street Address	Lot and DP Number (if availa	able)
Town	State	Postcode
4. Signature of Property Owner		
All owners must sign this consent. If property ownership	o has recently been transferred, please also prov	vide evidence of the transfer.
As the owner/s of the above property, I/we consent to the		
I/we permit officers of Council to enter the land to carr access where required.	y out inspections as required for the assessment	t of this application and will provide
Owner's Name	Signature	Date
Owner's Name	Signatura	Date
Gwiler S Nallie	Signature	
Applications will not be accepted unless signed by the o	wner(s) of the property.	
COUNCIL USE ONLY		Records Stamp
Application Number	Amount Paid	
s68 / Receipt Number	\$ Received by	
Signature	Date	
-		
Record Scanned into TRIM	Application Fee	
Yes 🗖	\$300.00	

ON SITE WASTEWATER MANAGEMENT SYSTEM DETAILS

5. Application Type

Install a new system	
Alter an existing system	
Renew license/or apply for a license to operate an existing system	

6. Type of Waste Treatment System

Septic Tank for all waste	
Septic Tank and collection well	
Septic tank with Reed Bed system	
Aerated wastewater treatment system (AWTS)	
Sand or Biological filter system	
Composting system	
Other system (please specify)	

7. Type of Waste Disposal Area

Absorption trenches	
Transpiration Beds (please indicate: lined or unlined)	
Surface irrigation (disinfected effluent only)	
Sub-surface drip irrigation	
Other (please specify)	

8. Connection Details

Number of persons in household/building	
Number of bedrooms in building	
Town Water supply	
On-site water supply (rainwater, bore, dam, other specified)	
Special wastewater requirements for the system (e.g. processing, cleaning) + please detail:	

9. Manufacturer's Information (of primary system)

Manufacturer/Brand Name

Туре

Tank Capacity

Dept. of Health Accreditation Number

See 11 (c) overleaf for Accreditation Number

10. Installer's Information			
Name	Company/Organisation		
Address			
Email Address	Telephone	Mobile	
License Number or Accreditation Number			
 License Number or Accreditation Number			

11. Checklist

As part of the application process to Council, you are requested to complete the following checklist. On-site inspections may be carried out as part of the assessment process and may result in the request for further information. A council officer will contact you after their initial inspection if this is the case.

a)	a) You have submitted plans		
	This application must be accompanied by a clear copy of a site plan, showing the location of:		
	• the wastewater treatment system proposed to be installed or modified on the site;		
	• the wastewater disposal area proposed to be installed or modified on the site;		
	 any buildings or facilities existing on, and any environmentally sensitive areas of, any land located within 100m of the treatment system or disposal area; 		
	• topography/slope, existing vegetation, existing wet/dry drainage channels, tracks/roads.		
b)	You have provided a scientific soils report for the purposes of waste water disposal Reports may be provided by qualified plumbers, environmental consultants and soil laboratory services. Please ask Council for advice.		
c)	You have checked Wastewater Treatment System Accreditation by NSW Health The wastewater treatment system must have a current Certificate of Accreditation by NSW Health. We do not ask for a copy of this Certificate but will check for its currency before approval is given. Go to: http://www.health.nsw.gov.au/publichealth/environment/water/waste_water.asp		
d)	d) Operation and Maintenance The application must be accompanied by details of the operation and maintenance requirements for the proposed sewage management facilities including details of any action to be taken in the breakdown or some other interference in the facilities operation.		

12. Processing

- 1. Lodge your application and pay the application fees to Council. Normal processing is within 14 working days. Failure to provide information may result in rejection of your application with no refund of fees.
- 2. Council will issue the approval/rejection by mail and email to owner/occupier and installer.
- 3. Please notify Council at completion of installation to arrange for a final inspection. At least 24 hours is required.

13. Privacy Statement

The personal information requested on this form will only be used to fulfil the purpose for which it is being collected as described on this form. The supply of information by you is voluntary, but if you cannot, or do not wish to, provide the information sought, we may not be able to process your application. Council is to be regarded as the agency that holds the information and will endeavour ensure that this information remains accurate and up-to-date. You may make an application for access or amendment to this information held by Council. This application form is accessible to the public upon written application, subject to Council's Privacy Management Plan, Section 12 of the Local Government Act 1993 and the Freedom of Information Act 1989.

