

## APPLICATION TO INSTALL, MODIFY OR OPERATE AN ON-SITE WASTEWATER MANAGEMENT SYSTEM

### 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 applicable)	
<input type="text"/>		<input type="text"/>	
Street Address/Postal Address			
<input type="text"/>			
Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Telephone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 3. Property Identification

Property Street Address		Lot and DP Number (if available)	
<input type="text"/>		<input type="text"/>	
Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 4. Signature of Property Owner

All owners must sign this consent. If property ownership has recently been transferred, please also provide evidence of the transfer.

*As the owner/s of the above property, I/we consent to the lodgement of this Application.*

*I/we permit officers of Council to enter the land to carry out inspections as required for the assessment of this application and will provide access where required.*

Owner's Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applications will not be accepted unless signed by the owner(s) of the property.

### COUNCIL USE ONLY

### Records Stamp

Application Number	Amount Paid	
s68 /	\$	
Receipt Number	Received by	
<input type="text"/>	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	
Record Scanned into TRIM	Application Fee + Inspection Fee	
Yes <input type="checkbox"/>	\$425	

## ON SITE WASTEWATER MANAGEMENT SYSTEM DETAILS

### 5. Application Type

Install a new system	<input type="checkbox"/>
Alter an existing system	<input type="checkbox"/>
Renew license/or apply for a license to operate an existing system	<input type="checkbox"/>

### 6. Type of Waste Treatment System

Septic Tank for all waste	<input type="checkbox"/>
Septic Tank and collection well	<input type="checkbox"/>
Septic tank with Reed Bed system	<input type="checkbox"/>
Aerated wastewater treatment system (AWTS)	<input type="checkbox"/>
Sand or Biological filter system	<input type="checkbox"/>
Composting system	<input type="checkbox"/>
Other system (please specify)	<input type="checkbox"/>

### 7. Type of Waste Disposal Area

Absorption trenches	<input type="checkbox"/>
Transpiration Beds (please indicate: lined or unlined)	<input type="checkbox"/>
Surface irrigation (disinfected effluent only)	<input type="checkbox"/>
Sub-surface drip irrigation	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

### 8. Connection Details

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

### 9. Manufacturer's Information (of primary system)

Manufacturer/Brand Name

Tank Capacity

Type

Dept. of Health Accreditation Number

See 11 (c) overleaf for Accreditation Number

## 10. Installer's Information

Name	Company/Organisation	
<input type="text"/>	<input type="text"/>	
Address		
Email Address	Telephone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
License Number or Accreditation Number		
<input type="text"/>		

## 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.

<b>a) You have submitted plans</b> This application must be accompanied by a clear copy of a site plan, showing the location of:	<input type="checkbox"/>
<ul style="list-style-type: none"><li>the wastewater <b>treatment system</b> proposed to be installed or modified on the site;</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>the wastewater <b>disposal area</b> proposed to be installed or modified on the site;</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>any buildings or facilities existing on, and any environmentally sensitive areas of, any land located within 100m of the treatment system or disposal area;</li></ul>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>topography/slope, existing vegetation, existing wet/dry drainage channels, tracks/roads.</li></ul>	<input type="checkbox"/>
<b>b) You have provided a scientific soils report for the purposes of waste water disposal</b> Reports may be provided by qualified plumbers, environmental consultants and soil laboratory services. Please ask Council for advice.	<input type="checkbox"/>
<b>c) You have checked Wastewater Treatment System Accreditation by NSW Health</b> 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: <a href="http://www.health.nsw.gov.au/publichealth/environment/water/waste_water.asp">http://www.health.nsw.gov.au/publichealth/environment/water/waste_water.asp</a>	<input type="checkbox"/>
<b>d) Operation and Maintenance</b> 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.	<input type="checkbox"/>

## 12. Processing

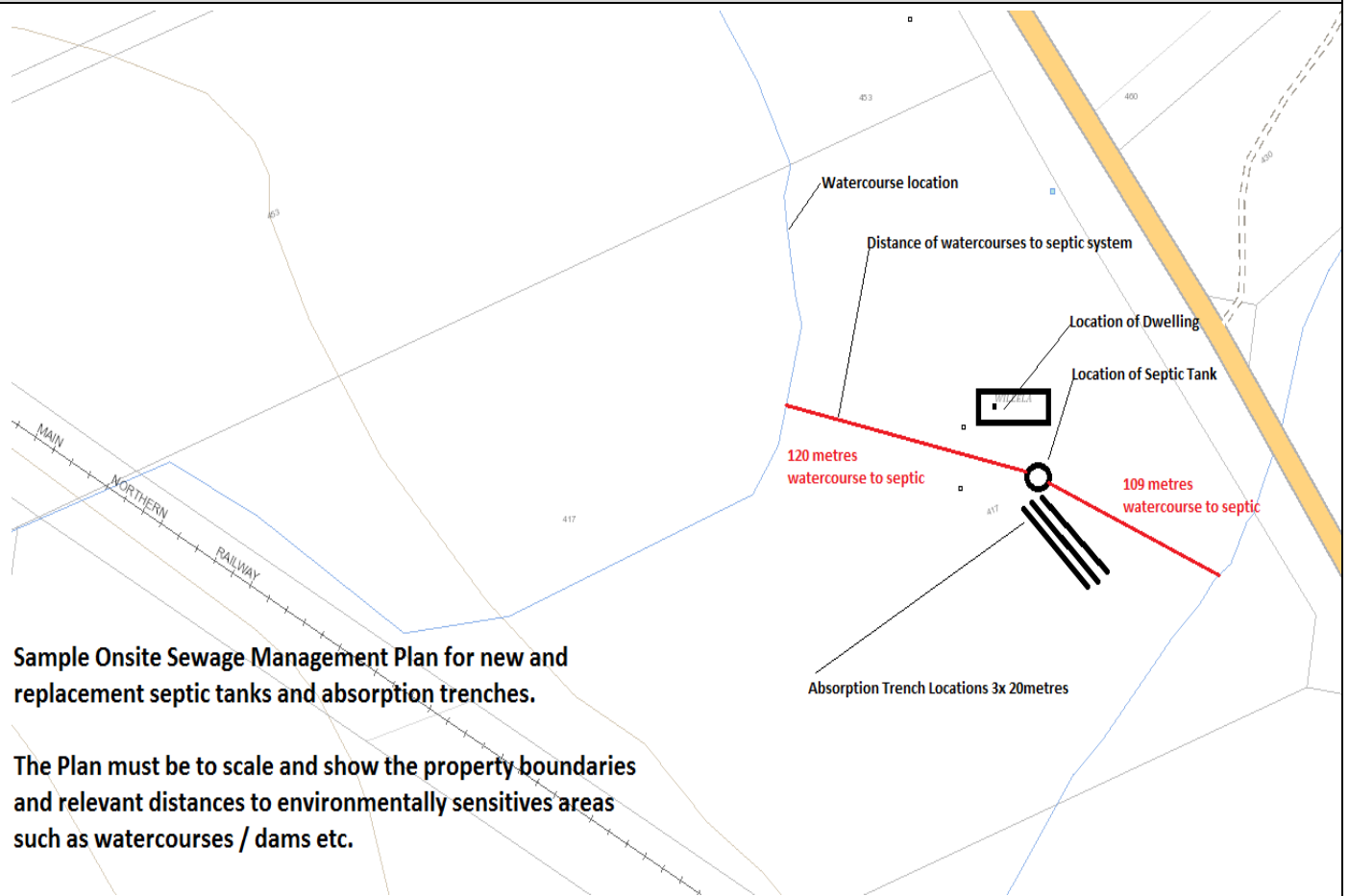
- Lodge your application and pay the application fees to Council. Normal processing is within 14 working days. Failure to provide information may result in rejection of your application with no refund of fees.
- Council will issue the approval/rejection by mail and email to owner/occupier and installer.
- 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.

**14 Site Plan**

**15 Sample**



**Sample Onsite Sewage Management Plan for new and replacement septic tanks and absorption trenches.**

**The Plan must be to scale and show the property boundaries and relevant distances to environmentally sensitive areas such as watercourses / dams etc.**