135 Rusden Street PO Box 75A Armidale NSW 2350 P: 02. 6770 3600 • F: 02. 6772 9275 ABN 39 642 954 203

council@armidale.nsw.gov.au



www.armidaleregional.nsw.gov.au

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

1. Information		
Under Section 68 of the <i>Local Government Act 1993</i> management system. Failure to seek approval is an occurrent has a specific policy for On-Site Wastewater Your plumber should also have a copy.	offence and penalties apply. Approvals cannot	be given retrospectively
2. Applicant's Information		
Name	Company/Organisation (if applica	able)
Street Address/Postal Address		
Town	State	Postcode
Email Address	Telephone	Mobile
3. Property Identification		
Property Street Address	Lot and DP Number (if available)	
Town	State	Postcode
4. Signature of Property Owner		
All owners must sign this consent. If property ownership 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.	e lodgement of this Application.	
Owner's Name	Signature	Date
Owner's Name	Signature	Date
Applications will not be accepted unless signed by the c	owner(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	\$	

ON SITE WASTEWATER MANAGEMENT SYSTEM DETAILS		
5. Application Type		
In shall a many anatom		
Install a new system		
Alter an existing system		
Renew license/or apply for a license to operate an existing	g 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		
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. prod	cessing, cleaning) + please detail:	
9. Manufacturer's Information (of primary system)		
Manufacturer/Brand Name	Туре	
Fank Capacity	Dept. of Health Accreditation Number	

See 11 (c) overleaf for Accreditation Number

Nam	e Company/Organisation	
A -1 -1		
Addr	ess	
Ema	il Address Telephone Mobile	
Licer	nse Number or Accreditation Number	
11	. Checklist	
carr	eart of the application process to Council, you are requested to complete the following checklist. On-site inspections m ied out as part of the assessment process and may result in the request for further information. A council officer will co r their initial inspection if this is the case.	-
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)	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	

- 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.

