

APPLICATION TO INSTALL AND/OR OPERATE AN ONSITE SEWAGE MANAGEMENT SYSTEM



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Office Use Only							
SECTION 1	APPLICATION						
Application Type	Application to Install and Operat	te A	pplication to Operate	,	Applicat	tion t	o Alter Existing System
SECTION 2	APPLICANT DETAIL	.S					
Company Name							
Name	Surname Mr				Mr/	Mrs / Other	
	Given Names						
Postal Address	Number and Street						
	PO Box						
	Suburb/Town			Sta	te		Postcode
Contact Details	Phone		Mobile				
	Fax		Email				
Signature	Z.					[Date
SECTION 3	INSTALLATION ADD	DRESS	DETAILS				
Lot Description	Lot/Unit	Sec			DP/SP		
Address	Number and Street						
	Suburb/Town			Sta	te		Postcode
SECTION 4	INSTALLER DETAIL	.S					
Company Name							
Contact Person							
Contact Details	Phone		Email				
Licence Number							
SECTION 5	OWNER CONSENT						
Consent – All							
owners must give their consent. Companies must attach a letter	I/We of as Owner(s) of the property subject of this application, give consent to the application and grant Council the power to carry out inspections in relation to this application.						
containing the signatures of at least one Director.	Z]	Date

Address: Wollongong City Council, 41 Burelli Street, Wollongong NSW 2500

Postal: Locked Bag 8821, Wollongong DC NSW 2500 Web: www.wollon

Phone: (02) 4227 7111 **Fax**: (02) 4227 7277 **ABN** 63 139 525 939 – GST Registered

Regulation and Enforcement

ECM Doc Set ID 1067556 - August 2023

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SECTION 6	SYSTEM TYP	E		
Type of System	Septic Tank	Aerated Wastewater Treatment System	Wet/Dry Composting Toilet	Greywater Treatment System
	Other – Please specify			
Type of Disposal/ Recycling	Pump Out	Absorption Trench	Evapotranspiration Bed	Surface Irrigation
System	Subsurface Irrigation	Sand Filter	Mound System	
	Other – Please specify			

SECTION 7	ADDITIONA	L INFORMATION		
Water Source	Mains Water	Tank Water	☐ Bore Water	
Premises Description – Type of	☐ Single Dwelling	☐ Multi-Residential	☐ Commercial	☐ Industrial
Premises	Other – Please specify			
Rooms to be connected (specify numbers)	Toilet	Bathroom	Laundry	Kitchen
Other	Tank Capacity (Litres) Number of Bedrooms Number of Persons Resid	ling on Property		
Property Size	Less than 2,000m ² 2,000m ² – 4,000m ² More than 4,000m ²			

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SECTION 8 SUBMISSION REQUIREMENTS FOR **NEW** INSTALLATIONS

(Please attach to this application form)

Please use the following checklist to ensure ALL relevant information is included as this will assist in prompt assessment of your application.

The following information is required -

Ensure system is accredited by New South Wales Health and provide the relevant accreditation number. (http://www.health.nsw.gov.au/environment/domesticwastewater/Pages/default.aspx)

Submit full manufacturer's specifications.

Submit scaled plans of the full system, including vertical section.

For a pump out system, submit a basic site layout indicating the proximity to buildings, infrastructure and ease of access.

Submit a site plan at 1:200 scale (not required for pump out systems) which shows the following -

- a Property boundaries, buildings and other infrastructure (paths, decking, retaining walls, pools, etc).
- b Site physical attributes, including rock outcrops, vegetation, watercourses (including drainage lines and dams) and slope (magnitude and direction).
- c Location of existing and proposed effluent management infrastructure, including existing tanks and disposal areas, proposed tank sites, Effluent Application Field (EAF) and Ecologically Sustainable Development (ESD) Areas.
- d Disposal field layout within the EAF area showing buffer distances to pertinent site features.
- e Location of test pits within the EAF area.

Submit an Onsite Wastewater Management Report (not required for pump out systems) which includes the following:

- A description of the soil depth, type, stability, presence of acid sulphate soils and drainage;
- b Water table level:
- c Average Land Slope;
- d Flood levels;
- e Site drainage;
- f Environmentally Sensitive Areas; and
- g Physical Description of the treatment system and disposal/recycling option suitability based on the Rapid Evaluation Procedure for On-Site Wastewater Management Provided with the Application Form.

Important Note:

A step-by-step guide on how to address Council requirements and decide on the most appropriate on-site sewage management system is available from

https://www.wollongong.nsw.gov.au/book-and-apply/residential-development/onsite-sewage-systems

However, it is recommended that advice is sought from a suitably qualified professional when considering systems with onsite disposal/recycling alternatives.

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SECTION 9	SUBMISSION REQUIREMENTS FOR APPROVAL TO OPERATE
	FXISTING INSTALLATIONS (Please attach to this application form)

Please use the following checklist to ensure ALL relevant information is included as this will assist in prompt assessment of your application -

Submit a Certificate of Compliance from a Licenced Plumber or suitably qualified professional indicating that the system is operating in accordance with the relevant Australian Standards for on-site sewage management systems.

Attach or sketch a site plan below, showing the location of the existing sewage management system, any related effluent/wastewater application areas and the known location of wastewater/stormwater fittings and drainage

Address: Wollongong City Council, 41 Burelli Street, Wollongong NSW 2500 Email: council@