


**Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10)** - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

Office Use Only	

## SECTION 1 APPLICATION

Application Type    Application to Install and Operate    Application to Operate    Application to Alter Existing System

## SECTION 2 APPLICANT DETAILS

Company Name			
Name	Surname		Mr / Mrs / Other
	Given Names		
Postal Address	Number and Street		
	PO Box/DX/Other		
	Suburb/Town		State      Postcode
Contact Details	Phone		Mobile
	Fax		Email
Signature			Date


## SECTION 3 INSTALLATION ADDRESS DETAILS

Lot Description	Lot/Unit	Sec	DP/SP
Address	Number and Street		
	Suburb/Town		State      Postcode

## SECTION 4 INSTALLER DETAILS

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 containing the signatures of at least one Director.	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.		
			Date

# Application to Install and/or Operate an Onsite Sewage Management System

FORM

SECTION 6 SYSTEM TYPE	
Type of System	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Aerated Wastewater Treatment System <input type="checkbox"/> Wet/Dry Composting Toilet <input type="checkbox"/> Greywater Treatment System <input type="checkbox"/> Other – Please specify
Type of Disposal/ Recycling System	<input type="checkbox"/> Pump Out <input type="checkbox"/> Absorption Trench <input type="checkbox"/> Evapotranspiration Bed <input type="checkbox"/> Surface Irrigation <input type="checkbox"/> Subsurface Irrigation <input type="checkbox"/> Sand Filter <input type="checkbox"/> Mound System <input type="checkbox"/> Other – Please specify

SECTION 7 ADDITIONAL INFORMATION	
Water Source	<input type="checkbox"/> Mains Water <input type="checkbox"/> Tank Water <input type="checkbox"/> Bore Water
Premises Description – Type of Premises	<input type="checkbox"/> Single Dwelling <input type="checkbox"/> Multi-Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other – Please specify
Rooms to be connected (specify numbers)	Toilet <input type="checkbox"/> Bathroom <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen <input type="checkbox"/>
Other	Tank Capacity (Litres) <input type="checkbox"/> Number of Bedrooms <input type="checkbox"/> Number of Persons Residing on Property <input type="checkbox"/>
Property Size	Less than 2000m <sup>2</sup> <input type="checkbox"/> 2000m <sup>2</sup> – 4000m <sup>2</sup> <input type="checkbox"/> More than 4000m <sup>2</sup> <input type="checkbox"/>

## 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 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 <http://www.wollongong.nsw.gov.au/customerserviceonline/factsheet/Factsheets/On%20Site%20Sewer%20Management%20-%20Martens%20Final%20Rapid%20Evaluation%20Procedure.pdf>.

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

## SECTION 9

## SUBMISSION REQUIREMENTS FOR APPROVAL TO OPERATE **EXISTING** 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 lines.