



DUBBO CITY COUNCIL

Environmental Services

P.O. Box 81
DUBBO NSW 2830
Telephone: 6801 4000
Fax: 6801 4259

APPLICATION FOR APPROVAL TO OPERATE AN ON-SITE SEWAGE MANAGEMENT SYSTEM

Section 68, Local Government Act 1993 & Part 2, Local Government (General) Regulation 2005

LOCATION OF PROPERTY WHERE SYSTEM IS INSTALLED

House No: _____ Street/Road: _____

Property Name: _____

Lot No: _____ DP: _____ Locality/Town: _____

Allotment Area/Size: _____

NAME DETAILS

Owner 1

Surname: _____ Given Names: _____

Postal Address: _____

Phone (Bus): _____ Phone (H): _____ Mobile: _____

Owner 2

Surname: _____ Given Names: _____

Postal Address: _____

Phone (Bus): _____ Phone (H): _____ Mobile: _____

Is The Property Owner Occupied? Yes / No
If no please provide occupier details and/or agent:

Agent Or Occupier:

Phone (Bus): _____ Phone (H): _____ Mobile: _____

DETAILS OF SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY (TICK BOX):

No. of Systems on the Premises*: One Two Three Other _____

Type of Buildings Served: Dwelling Agricultural Commercial Community Bldg
 Amenities Block Other: _____

Estimated Age of System: <5 years 5 - 10 years 10-20 years >20 years

No. of Bedrooms in the Dwelling: One Two Three Four Five Six or more

No. of Occupants: 1-5 6 - 10 more than 10

Occupation Rate: Permanent Occasional / Holiday

Water Supply: Reticulated Town Tank Bore Other (please specify) _____

System Type: (Please refer to Easy Septic Guide, p29 if you are unsure of the type of system)

- | | | |
|---|----------------|-------|
| <input type="checkbox"/> Aerated Wastewater Treatment System (AWTS) | Service Agent: | _____ |
| <input type="checkbox"/> Septic Tank ~ Trench/Bed Disposal | | |
| <input type="checkbox"/> Septic Tank ~ Pumpout System | Service Agent: | _____ |
| <input type="checkbox"/> Wet Composting System | Service Agent: | _____ |
| <input type="checkbox"/> Mound | | |
| <input type="checkbox"/> Sand Filter | | |
| <input type="checkbox"/> Reed Bed | | |
| <input type="checkbox"/> Composting Toilet | | |
| <input type="checkbox"/> Chemical Toilet | Service Agent: | _____ |
| <input type="checkbox"/> Pit Toilet | | |
| <input type="checkbox"/> Other System (please specify) | | _____ |

Distance of system and disposal from permanent water (river, creek, lake, etc) <100m >100m

Distance of system and disposal from other surface water (dam, intermittent creek, drainage line etc) <40m >40m

PENALTY

A person who does not gain or comply with an Approval to Operate an on-site sewage management facility is guilty of an offence. A penalty infringement notice of \$330 may be issued.

Owner's Signature & Declaration:

As owner of the above described property I hereby apply for Approval to Operate the System of Sewage Management described in this application.

**Owner's
Signature/s:** _____

Date: _____

***Please complete one form for each system and return to:**

**Environmental Services Division
Dubbo City Council
P.O. Box 81
DUBBO NSW 2830**

Fax: 6801 4629

Additional forms and information is available by contacting Council's Environmental Services on 02 6801 4000 or on Council's website: www.dubbo.nsw.gov.au

Office Use Only

Registration No:

Received:

Entered