



**WINGECARRIBEE
SHIRE COUNCIL**

APPLICATION TO OPERATE A SYSTEM OF SEWAGE MANAGEMENT

Application No.: _____

Linked App. Nos: _____

Prop. No: _____

Ass. No. : _____

This form is for application to OPERATE A SEWAGE MANAGEMENT DEVICE

1. THE PROPERTY WHERE LAND USE IS TO OCCUR:

<p>Lot No: _____ DP: _____ Sec: _____</p> <hr/> <p>Street No. or Name: _____</p> <p>Street: _____</p> <p>Town: _____</p>	<p><u>PROPERTY OWNERSHIP</u></p> <p>Owner/s Name: _____</p> <p>Mailing Address: _____</p>
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Current Usage of Site (eg; Single Residence)

If vacant please complete Section 1 only, sign Form, and return form to Council

2. OPERATOR DETAILS

Note: The nominated operator is the person responsible for the operation, maintenance and overall management of the system, including all other legal responsibilities and duties. This will usually be the owner of the premises.

Owner of premises Other (eg: managing agent. please specify) _____

Operator Name: _____

Postal Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____

3. SEWAGE MANAGEMENT SYSTEM DETAILS

Type of System:

Septic Tank – Absorption Trench Aerated Treatment – Subsurface Irrigation

Aerated Treatment – Spray Irrigation Composting Toilet

Other (Please specify) _____

Approx. Age of System: _____ Years

Source of Water Supply (Town Water/Tank Water/Other) _____

Do you have a current service agreement? (*Aerated Treatment and pump-out systems only*)

Yes No

(If yes) Company Name _____

Address: _____ Contact No: _____

Do you have operation and maintenance manuals for your system? Yes No

Type of Dwelling (e.g. 3 bed B/V): _____

No. of people using system _____ (i.e. number of people normally living at the premises)

4. APPLICANT'S DECLARATION

As owner or nominated operator of the sewage management system described in this application, consent is granted for any Authorised Officer of Wingecarribee Shire Council to enter the land or premises to carry out inspections, surveys, take measurements, samples and photographs as required in the assessment of the application.

Name: _____

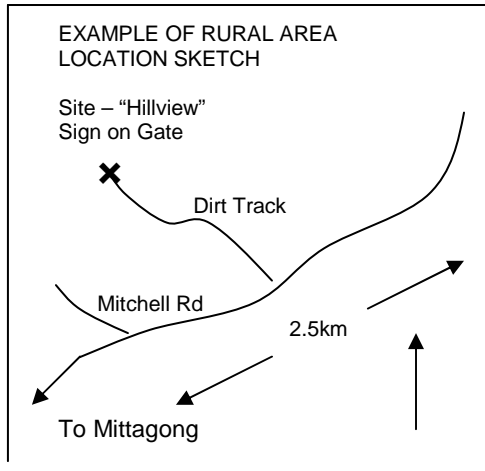
Postal Address: _____

Signature: _____ Date: _____

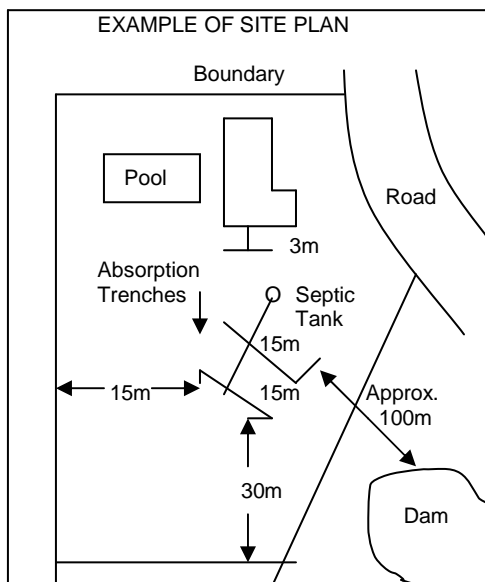
LOCALITY SKETCH

Please show site in relation to the nearest cross street, adjoining properties (include property names, street numbers, etc.) and any other features that assist inspectors locate the property.

A.



B. Please show location of sewage management facility and disposal area in relation to existing features such as house, water courses, property boundaries.



5. HOW TO LODGE YOUR APPLICATION

- Application should be addressed to the General Manager, Wingecarribee Shire Council and can be directed to us by any of the following methods:
- **BY MAIL** to PO Box 141, Moss Vale NSW 2577
- **THROUGH THE DOCUMENT EXCHANGE** DX 4961 BOWRAL
- **IN PERSON OR BY COURIER:** To the Civic Centre in Elizabeth Street, Moss Vale

FOR FURTHER INFORMATION OR ADVICE

- Our Customer Service Centre is open for business from 8.30 am to 4.30 pm, Monday to Fridays on (02) 4868 0888.
- Our on site Sewage Management Officer is available between 8.30 am and 10.00 am, Monday to Friday on (02) 4868 0888.

FEES

- An application fee of \$32.00 applies to all applications

Amount Paid \$ _____ Date _____ Receipt No. _____