



**CAMDEN COUNCIL**  
 37 John Street, Camden  
 PO Box 183, Camden 2570  
 Local Government Act, 1993

Date:	_____
File No.	_____
Registration No.	_____

**APPLICATION FOR APPROVAL TO OPERATE A SEWAGE MANAGEMENT SYSTEM**

Local Government (General) Regulation 2005

**Property Details:** Lot: \_\_\_\_\_ DP: \_\_\_\_\_ House No: \_\_\_\_\_ Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**Name of Occupier** (if rental property): \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name of Operator** (if different to Owner): \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

NOTE: THE OPERATOR OF A SEWAGE MANAGEMENT SYSTEM IS THE PERSON RESPONSIBLE FOR THE OPERATION AND MAINTENANCE OF THE SYSTEM INCLUDING ALL OTHER LEGAL RESPONSIBILITIES AND DUTIES.

**Name of Maintenance Contractor/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact telephone numbers:** \_\_\_\_\_

Indicate number of type of waste fittings connected to the tank:

Bath(s)     Shower(s)     Kitchen sink(s)     Toilet(s)     Basin(s)     Laundry     Other

Type of System (Please tick)	<u>Aerated wastewater treatment system (AWTS)</u> <input type="checkbox"/> Surface Irrigation <input type="checkbox"/> Subsurface Irrigation <input type="checkbox"/> Evapo-transpiration System	<u>Conventional</u> <input type="checkbox"/> Evapo-transpiration System <input type="checkbox"/> Pump Out
	<u>Other</u> <input type="checkbox"/> Brief Description	

If AWTS, supply the following details :

Number of sleeping rooms to be served: \_\_\_\_\_ bedrooms

Number of persons to be served: \_\_\_\_\_ people

Approximate age of sewage management facility: \_\_\_\_\_ years

Location of alarm/warning system: \_\_\_\_\_

\_\_\_\_\_  
**(Signed nominated Operator)**

\_\_\_\_\_  
**(Please print your full name here)**

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Staff member: \_\_\_\_\_

NOTE: No fee charged for submission of Application for Approval to Operate a Sewage Management System Form. Fee included within annual rates.

Please forward to Councils Environment & Health Branch.