

OFFICE USE ONLY
Date received ___/___/___
Application Number -----

Septic Safe Local Approval Application Form

OPERATE INSTALL CONSTRUCT ALTER

1. Details of the applicant

Mr Ms Mrs Dr Other

First Name Family Name

Flat/Street Number Street Name

Locality or Town State Postcode

Applicants Signature Date

2. Identify the land

Flat/Street Number Street Name

Locality or Town Postcode

Lot/Section Number DP Number Parish

You can find the lot/section number, DP number and Parish details on a map of the land or on the title documents for the land. If you need additional room, please attach a schedule and/or a map with these details.

3. Details of on-site sewage management system

Treatment device

- Aerated wastewater treatment system (AWTS)
- Septic tank
- Waterless Composting Toilet
- Wet Composting Toilet
- Collection well
- Other

Land Application

- Irrigation area
- Absorption trench
- Evapo-transpiration bed
- Amended soil mound
- Other

4. Additional information required

Please include with this application:

- A locality plan that identifies the subject land, roads, water courses, slope, vegetation etc
- A site plan to scale that identifies the location and layout of the proposed sewage management facility, the location and layout of effluent application areas, the location of existing and proposed buildings on the land, property boundaries, water supplies etc
- full specifications of the sewage management system to be altered, installed or constructed
- Certificates of Accreditation from Department of Health for all components of the sewage management facility (holding tank, AWTS etc)
- An effluent disposal report produced by an appropriately qualified person identifying topography, soil composition, and vegetation of any effluent application areas related to the sewage management facility

Authors name _____

Date report was prepared _____

- Name, address and licence details of the engaged licenced plumber
- Operation and maintenance details
 - Operation and maintenance requirements including product specifications
 - The proposed operation and maintenance and servicing arrangements intended to meet those requirements
 - Proposed action in case of an emergency, breakdown, or failure of the system in respect to its operation requirements

5. Operating capacity details

Number of bedrooms contained within the dwelling? _____

Number of persons likely to reside in or use the building? _____

Proposed water supply (location to be indicated on site plan) _____

Other factors that are relevant to the operating capacity of the system _____

6. Signatures

All owners of the land to be developed must sign the application.

If the land is owned by a company, a director of the company must sign the application. If the land is Crown land, an authorised officer of the Department of Lands must sign the application.

As the owner(s) of the above property, I/we consent to this application, and also give permission for Council staff to enter the property to undertake the necessary inspections:

Signature

Name

Date

Signature

Name

Date

7. Privacy policy

The information you provide in this application will enable your application to be assessed by the certifying authority. If the information is not provided, your application may not be accepted. Please contact the council if the information you have provided in your application is incorrect or changes.