



# Application to Install / Alter a Waste Treatment Device

Chapter 7 Part 1 – Approvals – Local Government Act 1993

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Application Number: .....  
Property Number: .....  
Linked Application Numbers: .....  
.....

## Applicant's Details

Name: .....  
Address: .....  
.....  
Phone: .....  
Signature: .....

## Installer's Details

Name: .....  
Address: .....  
.....  
Phone: .....  
Licence Number: .....

## Owner's Details

Name: .....  
Address: .....  
.....  
Daytime phone number: .....  
Owner's Authorisation: .....

**NOTE: ALL APPLICATIONS MUST BE SIGNED BY THE OWNERS OF THE SUBJECT PROPERTY**

# Application to Install / Alter a Waste Treatment Device

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### Property Description

Lot: ..... Deposited Plan: .....

House No / Street: ..... Town/Village: .....

Premises: ..... (State whether dwelling, shops, factory etc)

### System Details

Septic Tank Capacity: .....

Type: .....

Toilet Flush Capacity: .....

Collection Well Capacity: .....

Wastes to be Connected: .....

Number of Persons: .....

Brand / Model: .....

### OFFICE USE ONLY

Waste Treatment Device: \$..... Receipt Number: ..... Date: .....

Inspection Fee: ..... Receipt Number: ..... Date: .....

Licence to Operate: \$..... Receipt Number: ..... Date: .....

Other: \$..... Receipt Number: ..... Date: .....

### Note:

Applications must be accompanied by:

- Three copies of the drainage diagram showing the location of all pipework, fittings, traps and inspection openings
- Three copies of manufacturers' specifications for septic tanks, collection wells and aerated wastewater treatment systems.