

(SD-FO-201) INSTALL, CONSTRUCT OR ALTER & APPROVAL TO OPERATE A SEWAGE MANAGEMENT FACILITY

Local Government (Approvals) Amendment (Sewage Management) Regulation 1998
Local Government Act, 1993

Office Use	Application No: _____/_____/_____	Determined: _____/_____/_____
<p>PPIA DISCLAIMER – The personal information provided on this form is collected by <i>Griffith City Council</i> for the purposes of processing this application by Council employees and other authorised persons. This form will be stored within Council's record management system and may be available for public access and/or disclosure under various NSW Government legislation.</p> <p><i>Installing, constructing or altering a waste treatment device or a human waste storage facility or a drain connected to any such device or facility is a prescribed activity and requires the approval of Council for the purposes of item 5 of Part C of the Table to Section 68 of the Local Government Act 1993. Approval is required unless exempted by cl 98 or by a Local Approvals Policy of the Council.</i></p> <p><i>The operation of a system of sewage management is a prescribed activity and requires the approval of Council for the purposes of item 10 of Part F of the Table to Section 68 of the Local Government Act 1993. Approval is required unless exempted by cl 98 or by a Local Approvals Policy of the Council</i></p> <p><i>Council must consider the matters specified in the Environment & Health Protection Guidelines and any Directions issued by the Director-General of the Department of local Government in determining applications.</i></p>		
<p>Part 1: Type of Application</p> <p> <input type="checkbox"/> Install & operate a sewage management facility <input type="checkbox"/> Construct & operate a sewage management facility <input type="checkbox"/> Alter & operate a sewage management facility <input type="checkbox"/> Approval to operate a sewage management facility </p>		
<p>Part 2: Applicant's Details</p> <p><i>(Your Name & Postal Address)</i></p> <p>Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____</p> <p>Family name (or company): _____</p> <p>Given names (or ACN): _____</p> <p>Postal address: _____ Postcode: _____</p> <p>Phone: (w) _____ (h) _____ (m) _____</p> <p>Fax: _____ Contact person: _____ E-mail: _____</p> <p><i>I hereby apply for consent for this application. I declare that all the information given is true and correct. I also understand that if the application is incomplete or does not comply with statutory requirements the application may be rejected/refused.</i></p> <p>Signature(s) _____ Date ____/____/____</p>		
<p>Part 3: Property Description</p> <p><i>(These details can be obtained from land ownership details or from Council's rates notice(s). If unsure, ask us for assistance)</i></p> <p>Unit No _____ House No _____ Street _____ Locality/Town _____</p> <p>Lot(s) _____ Section _____ DP/ SP _____</p>		

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Part 4: Consent of Land Owner(s)

(All persons or other legal entities who own the subject land(s) must give their written consent to this application, attach a separate sheet if necessary. If the owner is a company or owners' association, must be signed by a director or secretary)

As owner(s) of the land to which this application relates, I/we consent to this application. I/we also give consent for authorised Council officers to enter the land/premises to carry out inspections.

Name	Address	Signature	Date
1 _____	_____	_____	___/___/___
2 _____	_____	_____	___/___/___
3 _____	_____	_____	___/___/___

Part 5: Soil Type

<input type="checkbox"/> Sand	<input type="checkbox"/> Loam	<input type="checkbox"/> Silty Clay	<input type="checkbox"/> Medium Clay
<input type="checkbox"/> Sandy Loam	<input type="checkbox"/> Clay Loam	<input type="checkbox"/> Light Clay	<input type="checkbox"/> Heavy Clay

Part 6: Type of Facility

<input type="checkbox"/> Aerated Wastewater Treatment System (AWTS) & Spray Irrigation	<input type="checkbox"/> Aerated Wastewater Treatment System (AWTS) & Sub-surface Irrigation
<input type="checkbox"/> Septic Tank with Effluent Disposal by Absorption Trench, or Evapotranspiration, etc.	<input type="checkbox"/> Septic Tank with Effluent Pump-Out (off-site Disposal)
<input type="checkbox"/> Composting Toilet with separate Greywater management system	<input type="checkbox"/> Absorption Trench
<input type="checkbox"/> Evapotranspiration Area	<input type="checkbox"/> Chemical Toilet/Portaloo

Part 7: System Information

Tank Capacity _____ Litres	System Capacity _____ No of Persons
No of Residents _____ Adults	_____ Children

Part 8: Watertable Depth

<input type="checkbox"/> Less than 1 metre	<input type="checkbox"/> More than 1 and less than 2 metres
<input type="checkbox"/> More than 2 and less than 5 metres	<input type="checkbox"/> More than 5 and less than 10 metres
<input type="checkbox"/> More than 10 metres	<input type="checkbox"/> Not Known

Part 9: Surrounding Environment

<input type="checkbox"/> Low-Lying	<input type="checkbox"/> Significant Habitat
<input type="checkbox"/> Environmental Protection Area	<input type="checkbox"/> Flood Liable
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Residential	<input type="checkbox"/> Located near a Watercourse (less than 100 metres)

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Part 10: Name of Licensed Plumber?

Family Name (or company) _____
Given names (or ACN) _____
Postal address _____ Town _____ Postcode _____
Phone _____ Fax _____ Mobile _____
Licence No. _____

Part 11: Checklist

Have you submitted the following information in conjunction with this application? Please tick appropriate box

SEWAGE MANAGEMENT – 3 copies detailing the following:

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| ➤ Manufacturer's details of the type of proposed sewage management system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Site plan and floor plan showing proposed internal lines and connection point to the proposed sewage management system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 12: Service Agreement and Provider

Do you have a service agreement covering on-going system maintenance Yes ☐ No ☐

If yes, name of provider

Family Name (or company) _____

Given names (or ACN) _____

Postal address _____ Town _____ Postcode _____

Phone _____ Fax _____ Mobile _____

Details of Breakdown Procedure. _____

Emergency Contact Name: _____

Emergency Telephone No: _____ Mobile _____



FORM

(Blanks not to be photocopied.)
(Printed on 22-Sep-14 at 14:09)

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Part 13: Have You Encountered Any Problems or Had Maintenance Carried Out On Your Existing Septic System?

☐ Odour

☐ Surcharge

☐ Waterlogging

☐ Other – State: _____

Was there any maintenance required

Yes

☐

No

☐

If yes, list maintenance required below

Name of the person who completed the inspection

Family Name (or company) _____

Given names (or ACN) _____

Postal address _____ Town _____ Postcode _____

Phone _____ Fax _____ Mobile _____ Date Inspected: ____ / ____ / ____

Lodgement of Application

Hours of Lodgement:

Monday to Friday: 8:15am – 4:00pm

Fees:

Fees are payable on lodgement as per Council's current Revenue Policy. Quotations are available by contacting Council's Customer Service Unit on (02) 6962 8100.

Payment methods:

Payment can be made by cash, cheque, credit card or EFTPOS. Cheques are to be made payable to 'Griffith City Council'.

How to contact us:

Phone: (02) 6962 8100

Fax: (02) 6962 7161

E-mail: admin@griffith.nsw.gov.au

Web: www.griffith.nsw.gov.au

Postal address:

The General Manager
Griffith City Council
PO Box 485
GRIFFITH NSW 2680

Courier or Personal Delivery:

Customer Service Centre
Ground Floor
Griffith City Council Administration Building
1 Benerembah Street
GRIFFITH NSW 2680

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