

# Application to Install, Construct or Alter and Approval to Operate a Sewage Management System

(Section 68, Local Government Act, 1993)

Contact Us		Office Use Only									
The General Manager, PO Box 21, West Wyalong											
Email	council@blandshire.nsw.gov.au	Application Fee				\$					
Phone	02 69722266	Receipt Number									

**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.**

**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.**

**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.**

## Part 1: Type of Application

- ☐ Install & operate a sewage management system
- ☐ Construct & operate a sewage management facility
- ☐ Alter & operate a sewage management facility
- ☐ Approval to operate a sewage management facility

## Part 2: Applicant's Details

Applicant's Name:	
Company (if applicable):	
ABN (if applicable):	
Applicant Address:	
Phone Number:	
Mobile:	
Email:	

Part 2: Property Description		
Address:		
Town:		
Legal Description:	Lot	
	Section	
	DP	

Part 3: Landowner's Details (if different from applicant):	
Landowner's Name(s):	
ABN (if applicable):	
Address:	
Phone No /Mobile:	
Email:	
<p><i>As the 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.</i></p> <p>Signature(s): _____ Date: _____</p> <p>_____ Date: _____</p> <p>_____ Date: _____</p>	

Part 4: Type of Facility	
<input type="checkbox"/>	Septic Tank & Absorption Trench
<input type="checkbox"/>	Aerated Wastewater Treatment Unit
<input type="checkbox"/>	Composting Toilet
<input type="checkbox"/>	Septic Tank Pumpout
<input type="checkbox"/>	Other (please specify) _____

Part 5: Details of Licensed Plumber			
Business Name:			
ABN (if applicable):			
Contact Name:			
Phone / Mobile:		Licence No:	

### Part 6: Signature of Applicant

*I hereby apply for consent to 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PPIA DISCLAIMER – The personal information provided on this form is collected by Bland Shire Council 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.

### Part 7: Checklist

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

3 copies of each detailing the following: Yes No N/A

➤ Manufacturer's details of the type of proposed sewage management system ☐ ☐ ☐

Site plan and floor plan showing proposed internal lines and connection point to the proposed sewage management system ☐ ☐ ☐

### Part 8: Service Agreement Provider

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

Provider Name:

ABN (if company):

Contact Person:

Phone No / Mobile: