

ONSITE SEWAGE MANAGEMENT SYSTEM INSTALLATION

Section 68, Local Government Act 1993 and Part 2, Local Government (General) Regulations, 2005



Please complete this form to apply for the installation or alteration of an Onsite Sewage Management System with Dubbo Regional Council.

APPLICANT DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name/s	
Residential Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Contact Number	
Email Address	

OWNER DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name/s	
Residential Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Contact Number	
Email Address	

LOCATION OF PROPERTY WHERE SYSTEM IS TO BE INSTALLED/ALTERED	
House Number	
Street/Road Name	
Property Name	
Lot Number	
DP Number	
Locality/Town	
Allotment area/size	

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LICENSEE/INSTALLER DETAILS	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other - Please specify:
Name/s	
Residential Address <i>Include City, State & Postcode</i>	
Postal Address <i>Include City, State & Postcode</i>	
Licence Number	
Contact Number	
Email Address	

TYPE OF APPLICATION (Please tick)		
<input type="checkbox"/> New installation	<input type="checkbox"/> Alteration to existing system	<input type="checkbox"/> Conversion to new system
INSTALLATION DETAILS (Please tick)		
Primary treatment method	<input type="checkbox"/> Septic <input type="checkbox"/> AWTS <input type="checkbox"/> Humus closet <input type="checkbox"/> Chemical closet <input type="checkbox"/> Other	
Type of fixture/s to be connected	<input type="checkbox"/> WC <input type="checkbox"/> Laundry tub <input type="checkbox"/> Bath <input type="checkbox"/> Basin <input type="checkbox"/> Shower <input type="checkbox"/> Urinal	
Number of persons	Inhabitants _____ Staff: _____ Patrons: _____	
Water supply source	<input type="checkbox"/> Council public reticulated <input type="checkbox"/> Bore/well <input type="checkbox"/> Dam <input type="checkbox"/> Rainwater _____ litres onsite storage <input type="checkbox"/> 6/3 litre flush	
Effluent disposal	<input type="checkbox"/> Absorption trench <input type="checkbox"/> Surface irrigation <input type="checkbox"/> Absorption/spear well <input type="checkbox"/> Other (please specify) _____	
AWTS	Treatment tank size _____ litres Tank brand _____ Maintenance Contractor _____ Maintenance frequency _____	
Proposed use of building	<input type="checkbox"/> Dwelling <input type="checkbox"/> Agriculture <input type="checkbox"/> Commercial <input type="checkbox"/> Amenities <input type="checkbox"/> Other (please specify) _____	

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DISPOSAL FIELD DESIGN DETAILS			
Daily flow per person	_____ litres/person	Design flow rate per day	_____
Measured soil permeability (P)	_____ m/day	Soil textural classification	_____
Long-term acceptance rate (LTAR)	_____	Design irrigation rate (DIR)	_____ mm/week
Absorption trench length	_____ m	Irrigation/transpiration bed area	_____ m ²

INSTRUCTIONS TO APPLICANT	
In addition to completing this form, you are required to submit with the application copy of the information specified below:	
Plans and Specifications	<p>Design plans and specifications of the sewage management facility:</p> <ul style="list-style-type: none"> Commercial device – submit the manufacturer’s accredited design plans and specifications Construct in situ – submit correctly dimensioned plans with full construction details including sections, floor and lid plan, reinforcement specifications and drawn to a scale of 1:100
Site and Layout Plans	<p>Site plans showing:</p> <ul style="list-style-type: none"> The location of any buildings within 100 metres of the proposed facility and/or effluent application areas and their distance from the allotment boundaries The location of any environmentally sensitive areas within 100 metres of the facility and/or effluent application areas The provision and dimensions of the effluent disposal area The position and dimensions of the effluent disposal area The proposed layout of all external house drainage pipes to the sewage management facility North point and the direction of fall of the land.
Site Assessment	<ul style="list-style-type: none"> Provide details of the topography, soil composition and vegetation of the proposed effluent application area Provide an assessment of the suitability of the proposed method of effluent disposal in light of the above

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OWNER/S CONSENT

As owner/s of the above described property, I/we hereby grant consent for the applicant nominated above to make application for the proposed works as detailed, and to submit amendments in relation to such application

Signature

Print Name

Date

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website www.dubbo.nsw.gov.au

OFFICE USE ONLY

Receipt number

Amount paid

Date paid

Cashier

SITE PLAN

NOTE - The following information must be shown:

1. North point
2. Direction of fall of the land
3. Location of all buildings
4. Location of treatment system/tanks and disposal field
5. Dimensioned clearances from boundaries
6. Length of any absorption trenches
7. Area (m²) and dimensions of any irrigated water courses, rivers, creeks, bores, etc

INTERNAL/EXTERNAL LAYOUT

FIXTURES AND DRAINAGE PIPEWORK

Owner name: _____

Property address: _____

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