

ONSITE SEWAGE MANAGEMENT SYSTEM OPERATION

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



Please complete this form to apply for the operation 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	

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	

TYPE OF APPLICATION (Please tick)		
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Existing System	<input type="checkbox"/> New Property Owner

DETAILS OF SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY (Please tick)	
Number of systems on the premises*	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other
Type of buildings served	<input type="checkbox"/> Dwelling <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Amenities block <input type="checkbox"/> Community Building <input type="checkbox"/> Other (please specify)
Estimated age of system	<input type="checkbox"/> <5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> >20 years
Number of bedrooms in the dwelling	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six
Number of occupants	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10 or more

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DETAILS OF SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY (Please tick)

Occupation rate	<input type="checkbox"/> Permanent	<input type="checkbox"/> Occasional/Holiday	
Water supply	<input type="checkbox"/> Reticulated town	<input type="checkbox"/> Rainwater	<input type="checkbox"/> Bore
	<input type="checkbox"/> Other (please specify) _____		

Note: Please complete one form for each system

SYSTEM TYPE (Please tick)

<input type="checkbox"/> Aerated Wastewater Treatment System (AWTS)	Service Agent Name	
<input type="checkbox"/> Septic Tank – Trench/Bed Disposal	<input type="checkbox"/> Septic Tank – Pump-out System	
<input type="checkbox"/> Wet Composting System	<input type="checkbox"/> Chemical Toilet	
<input type="checkbox"/> Mound	<input type="checkbox"/> Sand Filter	
<input type="checkbox"/> Reed Bed	<input type="checkbox"/> Composting Toilet	
<input type="checkbox"/> Pit Toilet		
Distance of system and disposal from permanent water (river, creek, lake etc)		
	<input type="checkbox"/> <100m	<input type="checkbox"/> >100m
Distance of system and disposal from permanent water (dam, intermittent creek, drainage line etc)		
	<input type="checkbox"/> <100m	<input type="checkbox"/> >100m

PENALTY

A person who does not obtain or comply with an Approval to Operate an onsite sewage management facility is guilty of an offence under Section 68 of the Local Government Act 1993. A penalty infringement notice may be issued.

APPLICANT/S SIGNATURE

As owner of the above described property, I/we hereby apply for Approval to Operate the System of Sewage management described in this 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