

**APPLICATION FOR**  
**ONSITE SEWAGE MANAGEMENT SYSTEM OPERATION**

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

**LOCATION OF PROPERTY WHERE SYSTEM IS INSTALLED**

House no: \_\_\_\_\_ Street/Road: \_\_\_\_\_  
 Property name: \_\_\_\_\_  
 Lot no: \_\_\_\_\_ DP: \_\_\_\_\_ Locality/Town: \_\_\_\_\_  
 Allotment area/size: \_\_\_\_\_

**NAME DETAILS**

**Owner 1**

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Owner 2**

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Is the property owner-occupied?** Yes / No

If no, please provide occupier details and/or agent:

**Agent/Occupier:**

Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**No. of systems on the premises\*:**  One  Two  Three  Other \_\_\_\_\_

**Type of buildings served:**  Dwelling  Agricultural  Commercial  Community Bldg  
 Amenities Block  Other: \_\_\_\_\_

**Estimated age of system:**  <5 years  5-10 years  10-20 years  >20 years

**No. of bedrooms in the dwelling:**  One  Two  Three  Four  Five  Six or more

**No. of occupants:**  1-5  6-10  10 or more

**Occupation rate:**  Permanent  Occasional/Holiday

**Water supply:**  Reticulated town  Rainwater  Bore  Other (please specify) \_\_\_\_\_

**System Type:**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Aerated Wastewater Treatment System (AWTS) | Service Agent: |
| <input type="checkbox"/> Septic Tank - Trench/Bed Disposal          | Service Agent: |
| <input type="checkbox"/> Septic Tank – Pump-out System              | Service Agent: |
| <input type="checkbox"/> Wet Composting System                      | Service Agent: |
| <input type="checkbox"/> Chemical Toilet                            | Service Agent: |
| <input type="checkbox"/> Mound                                      |                |
| <input type="checkbox"/> Sand Filter                                |                |
| <input type="checkbox"/> Reed Bed                                   |                |
| <input type="checkbox"/> Composting Toilet                          |                |
| <input type="checkbox"/> Pit Toilet                                 |                |
| <input type="checkbox"/> Other system (please specify) _____        |                |

**Distance of system and disposal from permanent water (river, creek, lake etc)**       <100m       >100m

**Distance of system and disposal from permanent water (dam, intermittent creek, drainage line etc)**       <40m       >40m

**PENALTY**

A person who does not obtain or comply with an Approval to Operate an onsite sewage management facility is guilty of an offence. A penalty infringement notice of \$330 may be issued.

**Owner's Signature and Declaration:**

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:**      Owner 1: .....

**Date:**

Owner 2: .....

**\* Please complete one form for each system and return to:**

**Development and Environment Division  
Dubbo Regional Council  
PO Box 81  
DUBBO NSW 2830**

**Fax: 02 6801 4259  
Email: council@dubbo.nsw.gov.au**

Additional forms and information is available by contacting Council's Development and Environment Division on 02 6801 4000 or on Council's website at [www.dubbo.nsw.gov.au](http://www.dubbo.nsw.gov.au)

**Office Use Only**

Fee Type: 475		Receipt no:
Registration no:		Entered by:
Property no:		Entered date: