



APPLICATION FOR AN ON-SITE SEWAGE MANAGEMENT SYSTEM

Local Government Act, 1993 Section 68 Part C 5 and F10

Details must be printed in ink/ Tick Where Applicable

A TYPE OF APPROVAL REQUIRED

- APPROVAL TO INSTALL A NEW ON-SITE SEWAGE MANAGEMENT SYSTEM (OSSM)
- APPROVAL TO ALTER AN ON-SITE SEWAGE MANAGEMENT SYSTEM (OSSM)
- APPROVAL TO INSTALL/AMEND A COUNCIL PRESSURE SEWER SYSTEM
- APPROVAL TO OPERATE A SEWAGE MANAGEMENT SYSTEM (ATO)

The lodgement information checklist indicates documents you must provide with this application.

Fees & Assistance Please contact Customer Service to obtain a fee quote for this application. You will need to identify whether you are applying for a new or amended approval and provide the number of toilets to obtain an accurate quote.

B PROPERTY DETAILS

Lot(s)..... Section:..... DP:..... P FILE:.....
 House No:..... Street:.....
 Suburb: Post Code:.....

C APPLICANT DETAILS

If Company:
 Name(s):.....
 Address:.....
 Post Code:.....
 Phone:..... Mobile: Fax:.....

Declaration:

- I/we apply for approval to install/alter/operate an On-site Sewage Management System described in this application.
- I declare that all information is true and complete and that all required information has been provided.
- I/we consent to the making of this application and give consent to Council to enter the land carry out inspections in relation to any land or building to which the application relates.

Signature of Applicant(s):..... Date:.....

D OWNERS DETAILS

Name(s):.....
 Address:.....
 Post Code:.....
 Phone:..... Mobile: Fax:.....

I/We consent to the making of this application and give consent to Council to enter the land to carry out inspections in relation to any land or building to which the application relates.

Signature of Owners (see lodgement information):.....

..... Date:.....

Authority relied upon:

APPROVAL TO OPERATE THE SYSTEM OF SEWAGE MANAGEMENT WILL BE ISSUED TO THE PROPERTY OWNER UNLESS SECTION E IS COMPLETED AND SIGNED BY ANOTHER WHO ACCEPTS RESPONSIBILITY FOR ITS OPERATION

E Name of person who will be responsible for ensuring the satisfactory operation of the system

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Position:
Address: Postcode:
Phone: Mobile: Fax:

I agree to the approval to operate the system of sewage management being issued in my name

Signed: Date:

F Name of Licensed Person/Approved Company who will install the On-Site Sewage Management System or Alter the Existing System

Name of Company/ Person:.....
Address: Postcode:
Phone:..... Mobile: Fax:.....

G Name of Licensed Person/Company who will install the effluent disposal area (If same as installer write "as above")

Name of Company/Person:
Address: Postcode:
Phone:..... Mobile: Fax:.....

H Name of Licensed Plumber who will install the Sewerage Drainage Lines (If same as installed write "as above")

Name of Company/Person:Licence No:
Address: Postcode:
Phone:..... Mobile: Fax:.....

I Name of Person/Company who will service the On-Site Sewage Management System (eg Aerated Wastewater Treatment System) or who currently services the existing system

Name of Service Agent/ Company:.....
Address: Postcode:
Phone:..... Mobile: Fax:.....

J PROPOSED DEVELOPMENT DETAILS

The on-site sewage management system will treat and dispose of wastes from:

- A Single or Dual Occupancy Dwelling**
- Tourist Accommodation consisting of Cabins/Units/Villas**

No of Bedrooms including study.....No. of Spa/Baths.....No. of Toilets.....
 No of Dishwashers.....No. of washing machines:.....Type.....
 No of Showers..... Property Water supply.....
 Water Saving Devices to be installed

Commercial/Industrial Development described as

No of employees using system: Office..... Workshop/Factory.....
 No. of toilets..... No. of showers..... No of kitchens/lunchrooms.....
 No. of dishwashers.....No. of washing machines.....
 Will the premises be preparing food for sale..... No of restaurant/café seats.....
 Grease trap size..... Water Saving Devices.....
 Property Water Supply (mains, rainwater, bore, other):.....

Other (provide details).....

K **DETAILS OF PROPOSED ON-SITE SEWAGE MANAGEMENT SYSTEM OR EXISTING SYSTEM**

Note: See application submission requirements on lodgement information checklist

Septic Tank and Absorption Trench **With collection well and pump**

Septic Tank and Transpiration Area **With collection well and pump:**

Septic Tank size..... Litres..... Absorption trench length.....metres
 Cross sectional dimensions of absorption trench..... Collection well size:.....
 Transpiration Area..... Length..... Breadth.....
 Septic Tank/Collection Well Manufacturer.....

Aerated Waste Water Treatment System

Type of AWTS/ManufacturerNSW Accreditation No.....
 Surface irrigation system totaling m2. No of sprinklers.....
 Sub-surface irrigation system coveringm2 usinglineal metres of
 irrigation line. Brand of sub surface Irrigation line

Wet Composting Closet System with subsurface effluent disposal:

Brand:NSW Accreditation No.....
 Sub-surface irrigation system coveringm2 usinglineal metres of
 irrigation line. Brand of sub surface Irrigation line

- Council Pressure Sewer System (pump to Singleton Council sewer)
- Septic Tank with Pump to Hunter District Water Board Sewer
- Other Proposed on-site sewage management system (provide details)

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Please see LODGEMENT INFORMATION CHECKLIST for details of information that is required to be submitted to support this application

CONTACT DETAILS

Singleton Council	Postal Address: Queen Street Singleton 2330	DX 7063 Singleton PO BOX 314 Singleton 2330	Phone: (02) 65 787 290 Fax: (02) 65724 197 Email: ssc@singleton.nsw.gov.au
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OFFICE USE ONLY		15. _____ . _____ . _____
		35. _____ . _____ . _____
Parcel No:.....	Septic No:.....	DA No:.....
Application Checked/ Received by:.....		Date:.....
Number of Plans Submitted:.....		
	Amount	Receipt Code
Application to Install Waste Treatment Device:	\$.....	12
Each Additional WC	\$.....	12
Application to Amend/ Alter Existing Installation	\$.....	12
Inspection of Installation (2 required) (pump to sewer 1 inspection only)	\$.....	145
Inspection of Amendment	\$.....	145
Approval to Operate Waste Treatment Device	\$.....	215
Inspection in Relation to Approval to Operate	\$.....	220
TOTAL FEE: \$.....		
RECEIPT No:.....	DATE:.....	