

APPLICATION FOR VARIATION OF SEWER DISCHARGE FACTOR

APPLICANT INFORMATION

Name: _____ Phone: _____

Business Name: _____

Email Address: _____

Are you the property owner? Yes No

If you are not the property owner please select your relationship to the owner:

Tenant/Business Owner Other _____

PROPERTY DETAILS

Address: _____

Account Number: _____

PROPERTY OWNER INFORMATION

Property owners name: _____

Property owners address: _____

Property owners contact phone: _____

Property owners email: _____

As owner of the above property, I consent to the making of this application and to the entry onto such land by authorised officers of Council for the purpose of determining this application, and any associated inspections.

Property owners signature: _____ Date: _____



PROPERTY INFORMATION

Reason for requesting review: _____

Business type (eg. Workshop/office/restaurant): _____

Business activities: _____

Days/Hours of operation: _____

Is the business seasonal? Yes No If yes, please provide details:

How many water meters service the property? _____ Meter number/s: _____

Number of toilets: _____ Number of urinals: _____ Number of showers: _____

Evaporative cooling? Yes No If yes please circle type: Domestic Commercial Industrial

Current Sewer Discharge Factor: _____ %

Sewer Discharge Factor sought: _____ %

Additional information to support your claim:



WATER USAGE

Annual water supplied to Property _____ kL

Garden/Landscape use: _____ kL Metered ? Yes No

Estimated

If estimated, basis for estimation

Used in product: _____ kL Metered ? Yes No

Estimated

If estimated, basis for estimation

Evaporation loss: _____ kL Metered ? Yes No

Estimated

If estimated, basis for estimation

Cooling towers: _____ kL Metered ? Yes No

Estimated

If estimated, basis for estimation

Other: _____ kL Metered ? Yes No

Estimated

If estimated, basis for estimation

Please attach any supporting evidence such as technical information, production record or areas of gardens/landscape to support this application.

Declaration: I declare that all information supplied in this application is true and correct.

Applicant signature: _____ **Date:** _____

Please return form to Council by mail or email to council@wagga.nsw.gov.au

