

# APPLICATION TO INSTALL/ALTER/OPERATE AN ON-SITE SEWAGE MANAGEMENT SYSTEM OR GREYWATER TREATMENT SYSTEM/DIVERSION DEVICE

SECTION 68/68A LOCAL GOVERNMENT ACT 1993

SEP ...../..... Amount Paid \$ ..... Date.....

Rec No:..... CSO..... DA.....

## SECTION 1

### LOCATION OF PROPERTY WHERE SYSTEM/DEVICE IS INSTALLED/TO BE INSTALLED

Street No ..... Street Name .....

City/Suburb/Village .....

Legal Description (Lot) ..... (DP) .....

Allotment Area/Size ..... Ha/Acres .....

## SECTION 2

### OWNER/APPLICANT DETAILS

Owner's Name .....

Owner's Address .....

City/Town ..... Postcode .....

Telephone ..... Mobile .....

Email .....

**Where the person completing this application is not the owner, please provide applicant details**

Applicant's Name .....

Company ..... ABN/ACN .....

Applicant's Address .....

City/Suburb/Village ..... Postcode .....

Telephone ..... Mobile ..... Fax .....

Email .....

Tick as appropriate  Builder  Plumber  Other (*please specify*) .....

**SECTION 3**

**ALL OWNERS OF THE PROPERTY BEING DEVELOPED MUST CONSENT TO YOUR PROPOSAL**

A Council Officer will need to enter the site to carry out inspections for this application.

**Will access need to be arranged prior to inspection?**

(*eg Do you have any dogs, locked gates etc*)  Yes  No

**PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE**

I/we acknowledge that the personal information provided is collected for the purpose as stated on this document. Access is limited to use by Council employees and other authorised persons. Supply of the personal information is legally required and non- supply could cause delay or inability to proceed with the processing of this application. The personal information will be stored in Council's systems.

**Note: Each owner will need to sign in the place provided below or provide consent by way of a separate letter. Where the owner is a company the signature of two directors; or a single director where he/she is the sole director will be accepted. Please print the position held below and company name.**

Name .....Signature .....

Name .....Signature .....

Name ..... Signature .....

## SECTION 4 – INSTALL/ALTER ON-SITE SEWAGE MANAGEMENT SYSTEM

### PLEASE INDICATE

- New Installation - *Fill in Section 4A*  
 Alteration/Upgrade - *Fill in Section 4B*

### SECTION 4A – NEW INSTALLATION

#### TO BE LODGED WITH YOUR APPLICATION

- Architectural Plan     Locality Sketch     Manufacturers Specification  
 Soil Assessment (*carried out by a soil consulted/geotechnical engineer*)

*Failing to provide the above information may delay processing of application.*

#### PLUMBERS DETAILS

Company .....

Address .....City/Town.....Postcode .....

Licence Number..... Telephone.....

ABN/ACN .....

No. of Bedrooms     1-3     4     5     6 or more

No. of Occupants     1-5     6-7     8-9     10 or more

No. of Systems on the premises     1     2     3    Other.....

Type of Building Served     Dwelling     Commercial     Other.....

Water Supply     Reticulated     Town     Tank     Other .....

#### TYPE OF SYSTEM

- Conventional septic system  
 Wet composting closet system  
 Aerated Wastewater Treatment System (AWTS)/Secondary Treatment System (STS)

Service Agent ..... Licence No..... Telephone .....

Other (*please specify*) .....

#### SIZE OF TANK (LITRES)

3000     3500-4000     4500 or more     Other (*please specify*) .....

*(Please attach a copy of Manufacturer's Specification for your system)*

**METHOD OF DISPOSING WASTEWATER FROM THE SYSTEM**

- Absorption Trench     Transpiration Bed     Spray Irrigation

Other (please specify) .....

Size of disposal area .....m2 (as per consultant's report)

**How would you divert the storm water away from the disposal area?**

- Water Tank     Diversion Bank

**Distance of system and disposal area from permanent water (river, creek, stream).**

- <100m     >100m

**Distance of system and disposal area from other surface water (dam, intermittent creek, drainage line)**

- <40m     >40m

**What is the distance of the disposal area/septic tank from domestic groundwater well?**

.....m

**Distance of septic tank from dwelling**

- <3m     >3m

**What is the distance of disposal area from nearest residential dwelling?**

.....m

**Is the system/disposal area near a swimming pool?**

- Yes     No

If yes, indicate the distance: .....m

**Where is the swimming pool water backwashed?**

.....

**SECTION 4B – ALTERATIONS**

- Alterations to Building and/or - *Fill in Part 1*  
 Upgrade/modification of existing system - *Fill in Part 2*

**TO BE LODGED WITH YOUR APPLICATION**

- Architectural Plan showing proposed alterations     Locality Sketch  
 Manufacturer's Specification     Soil Assessment (if required)

*Failing to provide the above information may delay processing of application.*

**REFER TO INFORMATION SHEET**

**PART 1**

Please describe alterations .....

.....

.....

.....

.....

Total No. of bedrooms ..... No. of occupants .....

**Age of system?**

<5 yrs     5-10 yrs     11-20 yrs     >20 yrs

**Are you building over existing pipe work?**

Yes     No

**Is there clay pipe work currently in the existing system?**

Yes     No

**Has the current system been licensed by Council?**

Yes     No

**If yes, please provide license number SM.....**

**TYPE OF SYSTEM**

Conventional septic system     Wet composting closet system

Aerated Wastewater Treatment System (AWTS)/Secondary Treatment System (STS)

Service Agent ..... License No..... Telephone .....

Other (please specify) .....

**SIZE OF TANK (LITRES)**

3000     3500-4000     4500 or more     Other (please specify) .....

*(Please attach a copy of the Manufacturer's Specification for your system)*

**METHOD OF DISPOSING WASTEWATER FROM THE SYSTEM**

Absorption Trench     Transpiration Bed     Spray Irrigation

Other (please specify) .....

Size of disposal area .....m2 *(as per consultant's report)*

**Distance of septic tank from house**

<3m    >3

**Distance of disposal area from nearest residential dwelling**

.....m

**Is the system/disposal area near a swimming pool?**

Yes    No

**If yes, indicate the distance .....m**

**Where is the swimming pool water backwashed?**

.....

**PART 2**

**CURRENT SYSTEM**

Septic System    Aerated Wastewater Treatment System    Other \_\_\_\_\_

**PROPOSED SYSTEM**

Please describe alteration .....

.....  
.....  
.....  
.....  
.....

**Is any part of the system being relocated?**

Yes    No

**Please circle**

Septic Tank / Disposal Area

**If YES, please describe and attach a site plan of the proposal relative to the dwelling**

.....  
.....  
.....  
.....

**Is the tank being changed?**

Yes    No

If YES, please specify size and manufacturing details of new tank

.....

Please attach manufacturer's specifications for the tank

.....

.....

.....

.....

Is the disposal area being changed?

Yes       No

If yes, indicate size of proposed disposal area .....m<sup>2</sup> (as per soil report)

Are pipe-works being changed from clay to PVC

Yes       No

**LOCALITY SKETCH**

Please provide a sketch showing the location of your tank, disposal area and all buildings in the immediate areas. Please show approximate distances between these items.



## SECTION 5 – INSTALLATION OF GREYWATER DIVERSION DEVICE/TREATMENT SYSTEM

### Greywater Notes:

An application for approval required:

1. For all Greywater Treatment Systems installed throughout the Local Government Area
2. For Greywater Diversion Devices on properties that are not connected to Council's sewer system.

### PLEASE INDICATE

Greywater Treatment System - *Fill in Section 5A*

Greywater Diversion Device - *Fill in Section 5B*

## SECTION 5A – GREYWATER TREATMENT SYSTEM

### TO BE LODGED WITH YOUR APPLICATION

- A site plan, to scale, showing the location of the Domestic Greywater Treatment System (including tanks, trenches, absorption and irrigation areas, pipework and fixtures) and relationship to buildings, facilities and environmentally sensitive areas within 100m of the system or application area. The plan shall also show the location of any dwellings or outbuildings on land adjacent to the site.
- Soil Assessment (*carried out by a soil consulted/geotechnical engineer*)
- Full specifications of the Domestic Greywater Treatment System.
- Evidence from the Department of Health that the facility proposed is to be installed to a design or plan that is subject to a current certificate of accreditation issued by the Director-General of the Department of Health.
- Details of the operation and maintenance requirements for the proposed system.
- Details of the proposed operation, maintenance and servicing arrangements intended to meet the above requirements.

*Failing to provide the above information may delay processing of application.*

### PLUMBERS DETAILS

Company .....

Address .....City/Town.....Postcode .....

Licence Number..... Telephone.....

ABN/ACN .....

Dwelling Type  Dwelling  Dual Occupancy  Duplex



**SECTION 5B – GREYWATER DIVERSION DEVICE**

**TO BE LODGED WITH YOUR APPLICATION**

- A site plan, to scale, showing the location of the Domestic Greywater Diversion Device (including tanks, trenches, absorption and irrigation application area, pipework and fixtures) and relationship to buildings, facilities and environmentally sensitive areas within 100m of the system or application area. The plan is also to show the location of any dwellings or outbuildings on land adjacent to the site.
- Soil Assessment *(carried out by a soil consultant/geotechnical engineer)*
- Full specifications of the Domestic Greywater Diversion Device.
- Evidence from the Department of Health that the facility proposed is to be installed to a design or place that is subject to a current certificate of accreditation issued by the Director-General of the Department of Health.
- Details of the operation and maintenance requirements for the proposed system.
- Details of the proposed operation, maintenance and servicing requirements intended to meet the above requirements.
- The action to be taken in the event of a breakdown or other interference with its operation.
- Details of any other factors relevant to the capacity of the facility.

*Failing to provide the above information may delay processing of application.*

**PLUMBERS DETAILS**

Company .....

Address .....City/Town.....Postcode .....

Licence Number..... Telephone.....

ABN/ACN .....

Dwelling Type  Dwelling  Dual Occupancy  Duplex

<b>OFFICE USE ONLY:</b>	
Map with contour lines	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	
Site inspection comments: <i>(Not for typing)</i>	<input type="checkbox"/> Photo taken
.....	
Signature:.....	Date: .....
Inspection Time: .....	to: .....

**PLEASE RETURN TO:**

**WAGGA WAGGA CITY COUNCIL'S PUBLIC HEALTH DEPARTMENT CIVIC CENTRE – CNR BAYLIS AND MORROW STREET, WAGGA WAGGA PH: 1300 292 442 FAX: 02 6926 9309**

**THANK YOU**