



City of
Wagga Wagga

Civic Centre
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APPLICATION FOR REGISTRATION EXISTING ON-SITE SEWAGE MANAGEMENT SYSTEM

LOCAL GOVERNMENT ACT 1993

CONTACT DETAILS

Address of Property:

Lot & DP Numbers:

Assessment Number – optional (see rates notice):

Area of Land: _____ acres / hectares

If you have more than one on-site sewage management system, a separate form must be completed for each system.

PROPERTY OWNER/OCCUPIER DETAILS

Owner's name:

Contact number/s:

Postal address:

Occupier's name:

Contact number/s:

Postal address:

Council officers may need to inspect your on-site sewage management system. Please provide the name, address and phone numbers of the person to be contacted should an inspection be necessary:

.....

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TYPE OF ON-SITE SEWAGE MANAGEMENT SYSTEM (please tick)

Manufacturer (if known): **Size** (lt):

Septic Tank **Other** (Please specify):

Aerated Wastewater Treatment System (AWTS)

For an AWTS who will maintain the system?

Name of service agent:

Licence No.

Address:

Contact number/s:

SITE DETAILS

Number of bedrooms in house (residential): **OR**

Number of occupants of premises (non-residential):

Please indicate the predominant soil type on the property:

sand clay loam unknown

Please indicate the slope of the land:

steep gentle flat

Are there any stony outcrops near the disposal area? Yes No

DISPOSAL AREA DETAILS (the land over which treated wastewater is used or disposed of)

How far is your disposal area from the nearest body of water?.....m/km

Describe the body of water (eg: permanent creek, dam etc)

Distance of disposal area from the nearest downhill boundarym/km

Distance of disposal area from nearest residence m/km

Distance of disposal area from nearest borem/km

Level of groundwater (if known)m

Is stormwater runoff diverted away from the disposal area? Yes No

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.

Are there any other aspects of your waste treatment system or property you consider to be of relevance to the registration of the system?

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Name of property owner: Date:...../...../.....

Signature of property owner:

OFFICE USE ONLY:

Date Received: SEP/SM:

Initial Inspection Date:

Risk Category:.....

Construction Inspection carried out?

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