



**Application - to install/approval to operate a system of wastewater management
Local Government Act 1993 - Section 68**

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

New Application to Install No:

Property Owner/s Details

Name/s:

Mailing Address:

Phone (H):

Phone (B):

Mobile:

Fax:

Email:

Are the premises identified below currently being leased to a tenant?

No

Yes - please complete Managing Agent details below

Managing Agent Details

Name:

Mobile:

Mailing Address:

Phone:

Fax:

Email:

Property Address

Lot No:

DP:

Section:

Street Address:

Current Usage of Site:

Domestic

Commercial

Applicant Details

Name:

Mobile:

Address:

Phone (H):

Phone (B):

Email:

Fax:

Installer's Details

Installer's Name:

Licence No.:

Installer's Signature:

Date:

Mailing Address:

Phone:

Mobile:

ABN:

Fax:

Email:

Type of Wastewater Management System (please tick):

- Septic Tank/Collection Well:** Absorption Trench System Transpiration Bed System
- Aerated Wastewater Treatment System:** Surface Spray Subsurface Irrigation
- Tanker Pump-Out System
- Other - Please specify:

Email authorisation to receive correspondence by email

I authorise Campbelltown City Council to serve my assessment/inspection reports, invoices and where applicable, all applications, notices and orders for the abovementioned premises by electronic mail (email).

- Yes** **No** – Please send all correspondence via post to the proprietor's address

Owner/s Declaration:

As the owner/s of the proposed onsite wastewater management system described in this application, consent is granted for any Authorised Officer of Campbelltown City Council to enter the land or premise to carry out inspections, surveys, take measurements, samples and photographs as required in the assessment of the application.

Owner Name:			
Owner Signature:		Date:	
Owner Name:			
Owner Signature:		Date:	
Postal Address:			

How to lodge this application

<p>Address this application to: The General Manager Campbelltown City Council</p> <p>You can send it to us by any of the following methods:</p> <p>Mail: PO Box 57 CAMPBELLTOWN NSW 2560</p> <p>Courier or Personal Delivery to Council Office: Cnr Queen and Broughton Streets Campbelltown</p> <p>Fax: (02) 4645 4111</p> <p>Email: council@campbelltown.nsw.gov.au</p>	<p>Payment Methods: Cash (do not send cash in the mail) Cheque (payable to Campbelltown City Council) Credit Card Authorisation Form - available on Council's website: https://www.campbelltown.nsw.gov.au</p> <p>Telephone Interpreter Service – For free Interpreting Service, please ring the Telephone Interpreter Service on 131 450 and request they contact Campbelltown City Council.</p> <p>If you require further information, please contact us on (02) 4645 4604</p>
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Please see checklist overleaf which is required to be included with this application form, along with any documentation as required by the checklist.

Checklist for Installation of a Domestic or Commercial Wastewater Management System	
DOMESTIC	
Mandatory Documentation Required	Provided
Site specific Wastewater Management Report	Yes <input type="checkbox"/>
Three copies of A4 size Accreditation Certificate of the Proposed Wastewater Management System issued from NSW Government Department of Health	Yes <input type="checkbox"/>
Three copies of A3size at a suitable scale (1:100 - 1:200) of each of the following: <ul style="list-style-type: none"> a. Detailed Site Plan (overview of entire site) b. Detailed Site Plan (immediate location of wastewater management system and effluent application area, any buildings, sheds, dams/watercourses etc.) c. Detailed Drainage Design Plan (all drainage works from dwellings, buildings, wastewater management systems, effluent application area/s and any related systems equipment) 	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
One copy of the following: <ul style="list-style-type: none"> a. Owners Manual (addressing operation and maintenance requirements) b. Service Manual (addressing servicing requirements of proposed wastewater management system) 	Yes <input type="checkbox"/> Yes <input type="checkbox"/>
Provide details of the nominated Service Contractor/Agent of the proposed Wastewater Management System (In accordance with Accreditation Certificate, NSW Department of Health)	Yes <input type="checkbox"/>
COMMERCIAL	
Mandatory Documentation Required	Provided
Site Specific Wastewater Management Report Provide one copy of a detailed information report and results of influent and effluent data, testing and monitoring regime as per the NSW Government Private recycled Water Schemes (2007) described in Table 7.1 and 7.2 (either reported in Wastewater Report or separate document).	Yes <input type="checkbox"/>
Provide three copies of A3 size at a suitable scale (1:20 - 1:100) of the following: <ul style="list-style-type: none"> a. Detailed Design Plan of the proposed Wastewater Management System (cross sections and plan views of system) b. Detailed Site Plan (overview of entire site) c. Detailed Site Plan (Immediate location of wastewater management system and effluent application area, any buildings, sheds, bushland, dams/watercourses etc) d. Detailed Drainage Design Plan (all drainage works from dwellings, buildings, wastewater management system, effluent application area/s and any related system equipment) 	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
Provide one copy of the following: <ul style="list-style-type: none"> a. Owners Manual (addressing operation and usage requirements) b. System Management Plan (addressing operation, monitoring, servicing maintenance requirements and schedules and emergency procedures and contacts for the proposed wastewater management system and effluent application area/s) 	Yes <input type="checkbox"/> Yes <input type="checkbox"/>
Provide details of the nominated Service Contractor/Agent of the proposed Wastewater Management System and Effluent Application Area/s	Yes <input type="checkbox"/>

DATA AND DOCUMENT CONTROL