

DA No. _____
S68 No. _____
OSSM No. _____



PO Box 2
WALCHA NSW 2354

Ph: 02 6774 2500
Fax: 02 6777 1181
Email: council@walcha.nsw.gov.au
Website: www.walcha.nsw.gov.au
ABN 24 780 320 847

ON-SITE SEWAGE MANAGEMENT SYSTEM APPLICATION

Under section 68 of the *Local Government Act 1993*.

Install a new system Upgrade an existing system Approval to operate

SECTION A: SITE DETAILS

Street Address:

Suburb:

Lot / Portion / Section / DP:

SECTION B: APPLICANT DETAILS

Full Name:

Postal Address:

Daytime Contact Number(s):

Email:

Signature:

Date:

SECTION C: REGISTERED OWNERS CONSENT

As the registered owner(s) of the above property, I / we give consent to the submission of this application and authorise Council representatives to enter the site for the purpose of a site inspection and to make copies of all documents for the purpose of determining the application or providing copies to people who may be affected by the proposal.

Name:

Signature:

Date:

Name:

Signature:

Date:

Company Name (if applicable):

ABN / ACN (if applicable):

Authorised Officer Signature:

Date:

SECTION D: TREATMENT TYPE

- Septic tank
- Aerated wastewater treatment system (AWTS)
- Waterless composting toilet
- Wet composting toilet
- Recirculating aerobic sand filter device (RASFD)
- Other: _____

Details (brand / model no.): _____

SECTION E: ADDITIONAL TREATMENT PROCESS

- Reed bed
- Sand filter
- UV filter
- Collection tank
- Greywater diversion device
- Other: _____

SECTION F: DISPOSAL

- Absorption trench
- Evapotranspiration beds
- Pumpout system
- Surface dripper irrigation
- Surface spray irrigation
- Sub surface irrigation
- Other: _____

SECTION G: SYSTEM & DEVELOPMENT DETAILS

Number of systems present:	
Number of systems being removed:	
Estimated age of existing system/s:	
Type of building being served:	<input type="checkbox"/> domestic / residential <input type="checkbox"/> commercial / industrial <input type="checkbox"/> amenities block
Other activities	<input type="checkbox"/> spa <input type="checkbox"/> swimming pool <input type="checkbox"/> home industry
Number of bedrooms:	
Usual number of occupants:	
Occupation rate:	<input type="checkbox"/> permanent <input type="checkbox"/> occasional / holiday
Septic tank capacity (litres):	
Collection well capacity (litres):	
Estimated hydraulic load (litres / day):	
Water supply:	<input type="checkbox"/> reticulated town <input type="checkbox"/> tank <input type="checkbox"/> bore <input type="checkbox"/> other:

Is the treatment system accredited by NSW Health: Yes No

A list of NSW Health Accredited systems is available at:

www.health.nsw.gov.au/publichealth/environment/water/waste_water.asp

SECTION H: LAND APPLICATION AREA SITE DETAILS

Land application area available (m2):	
Slope (%):	
Geology (soil type):	
Depth of groundwater (m):	
Vegetation present:	
Distance of disposal area from permanent surface water (river, stream, lake):	<input type="checkbox"/> N/A <input type="checkbox"/> >100m <input type="checkbox"/> <100m:
Distance of disposal area from the nearest other waters (dam, intermittent stream, drainage channel):	<input type="checkbox"/> N/A <input type="checkbox"/> >40m <input type="checkbox"/> <40m:
Distance of disposal area from nearest bore:	<input type="checkbox"/> N/A <input type="checkbox"/> >100m <input type="checkbox"/> <100m:
Distance of disposal area from the nearest building:	<input type="checkbox"/> >10m <input type="checkbox"/> 5-10m <input type="checkbox"/> <5m:
Distance of disposal area from driveway, traffic area:	<input type="checkbox"/> >10m <input type="checkbox"/> 3-10m <input type="checkbox"/> <3m:
Is stormwater runoff diverted away from the disposal area:	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
Distance of disposal area from the nearest downhill boundary:	<input type="checkbox"/> >6m <input type="checkbox"/> <6m:
Distance of disposal area from the nearest uphill boundary:	<input type="checkbox"/> >3m <input type="checkbox"/> <3m:
Distance of disposal area from nearest neighbouring residence:	<input type="checkbox"/> N/A <input type="checkbox"/> >100m <input type="checkbox"/> <100m:

SECTION I: PLUMBER / INSTALLER DETAILS

Name:	
Postal Address:	
Daytime Contact Number(s):	
Email:	
Licence No:	Expiry Date:

SECTION J: APPLICANT CHECKLIST

On-site sewage management system application checklist		Yes	N/A	Office Use
1.	Consent from all owners	<input type="checkbox"/>		<input type="checkbox"/>
2.	Applicant's signature	<input type="checkbox"/>		<input type="checkbox"/>
3.	Application form is fully complete	<input type="checkbox"/>		<input type="checkbox"/>
4.	Plan to scale showing: <ul style="list-style-type: none"> ▪ The site treatment location and process ▪ Surrounding land uses within 100m of the treatment system and proposed land application areas. 	<input type="checkbox"/>		<input type="checkbox"/>
5.	Site assessment: <ul style="list-style-type: none"> ▪ Must be accompanied by details of the climate, geology, hydrogeology, topography, soil composition and vegetation of any effluent application areas related to the treatment device. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Payment of fee	<input type="checkbox"/>		<input type="checkbox"/>

SECTION K: LODGEMENT DETAILS

You can lodge the completed application by

Mail: Walcha Council
PO Box 2
WALCHA NSW 2354

In person: 2W Hamilton Street
WALCHA NSW 2354

What now: Once your application is received a Council officer may contact you to discuss your application, which may include a request for further information and / or clarification of the information provided.

For further information regarding your application please contact us:

Telephone: (02) 6774 2500

Email: council@walcha.nsw.gov.au

SECTION L: PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

Purpose of collection: For assessment of applications for approvals under Section 68, LGA by the consent authority and any relevant state government agency.

Intended recipients: Council staff and approved contractors of the Walcha Council

Supply: This application is voluntary; however a completed application is required for delivery and management of on-site sewage management system activity in the Walcha Council local government area.

Access / Correction: Council staff or Government Information (Public Access) Act requests.

Storage: Councils record management systems and Archives.

SECTION M: FEES (office use only)

Please contact Council for advice of fees payable:

Fee Type	Tick if fee payable	Fee
On-site sewage management system	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	\$
	Total fees:	\$
	Date received:	__ / __ / ____
	Receipt number:	

SECTION N: ENDORSEMENT OF RECEIPT (Office use only)

Date Received:	Accepted by:
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