



APPROVAL TO OPERATE ON-SITE WASTEWATER MANAGEMENT SYSTEM APPLICATION FORM

OFFICE USE ONLY

Receipt No:
Date:
RN:

Made under Local Government Act 1993,
Section 68 Part C Item 6

Revision No. 06-03-2018

Septic No.	DA No.	Parcel No.
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PART 1 – APPLICATION DETAILS

TYPE OF APPROVAL – Please indicate by 'X'

Please indicate by 'X' which section is relevant to your application

Application for Approval to Operate a System of Sewage Management
- Local Government Act 1993 Section 68 Part C Item 6

PROPERTY DESCRIPTION

Unit No	House No	Street
Suburb		
Lot(s)	Section	Deposited Plan (DP)

Special Access Requirements

Please give details of any special requirements for gaining entry to the property (eg dogs, locked gates etc)

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PROPERTY DETAILS Please indicate by 'X'

Property Size	Less than 1000m ² <input type="checkbox"/>	1000 – 2000 m ² <input type="checkbox"/>	More than 2000m ² <input type="checkbox"/>
Property Use	Residential Dwelling <input type="checkbox"/>	Commercial/Industrial <input type="checkbox"/>	Other (Specify): <input type="checkbox"/>
Water Supply	Mains (Town) <input type="checkbox"/>	Tank <input type="checkbox"/>	Dam/River/Creek/Bore <input type="checkbox"/>
Type of Waste	Human <input type="checkbox"/>	Trade (Specify): <input type="checkbox"/>	Other (Specify): <input type="checkbox"/>

ON-SITE WASTEWATER MANAGEMENT SYSTEM DETAILS Please indicate by 'X'

Type of Treatment System	Aerated Wastewater Treatment System <input type="checkbox"/>	Septic Tank <input type="checkbox"/>	Compost Toilet <input type="checkbox"/>
	Wet Composting/Wormfarm <input type="checkbox"/>	Sand/Media Filter <input type="checkbox"/>	Pump to Sewer <input type="checkbox"/>
	Greywater Treatment System <input type="checkbox"/>	Other (Specify):	
Water Supply Type of Waste	Surface Irrigation <input type="checkbox"/>	Subsurface Irrigation <input type="checkbox"/>	Raised Mound <input type="checkbox"/>
	Evapo-Transpiration <input type="checkbox"/>	Absorption Trench <input type="checkbox"/>	Other (Specify): <input type="checkbox"/>
Tank Capacity (Litres)	Tank No 1:	Tank No 2:	Tank No 3:
No of Bedrooms: <i>(Note: Studies and the like are to be counted as bedrooms)</i>	No of Persons Using System:		

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Attach a site plan showing the location of the existing wastewater tank(s) any related effluent/wastewater disposal areas and all buildings, property boundaries, dams, waterways within 100m of the effluent disposal area.

APPLICANT DETAILS <i>Please indicate by 'X'</i>			
INDIVIDUAL LODGEMENT <input type="checkbox"/>		COMPANY LODGEMENT <input type="checkbox"/>	
Surname		Company	
First Name		Company Contact	
Postal Address		PO Box	Telephone
Suburb	State	Postcode	Mobile
Email		Customer Reference	
OWNER(S) DETAILS			
Name(s)		Company	
		Position Title	
Postal Address		PO Box	Telephone
Suburb	State	Postcode	Mobile
DECLARATION & SIGNATURE OF OWNERS & APPLICANTS			
<ul style="list-style-type: none"> The undersigned hereby makes application to Council for the approval of plans and specifications for a proposed on-site sewage management system, and agrees to comply with the requirements and conditions that may be stated on the approval. By the submission of this application, the undersigned authorises the appropriate staff of Cessnock Council, or its representatives, to enter the subject property for the purposes of assessing the application for compliance, to carry out inspections and surveys, to take measurements, samples or photographs as required for the administration of the Act(s), Regulations or Planning Instrument. Access may be made in your absence and without prior notification. No work or activity is permitted to be undertaken until such time as Council has granted an "Approval". The undersigned hereby makes application for Council's approval to operate a system of sewage management in the Cessnock Council area, and agrees to comply with the requirements and conditions that may be stated on the approval. 			
Owner Signature(s)			
Name of Person signing <i>(Please print)</i>			
Please indicate by 'X' <input type="checkbox"/> Private Land Owner <input type="checkbox"/> Sole Director <input type="checkbox"/> Director, Secretary & Company Seal			
<p>Note: All owner(s) of the land, the subject of this application, must sign this form. If you are not the owner of the land, you must have all the owners sign the application.</p> <p>Note: If signing on the owner's behalf, please state your legal authority and provide documentary evidence (e.g., copy of power of attorney, trust deed etc).</p> <p>Note: In the case of land that is the subject of a strata scheme under the Strata Schemes (Freehold Development) Act 1973 or the Strata Schemes (Leasehold Development) Act 1986, the owners corporation for that scheme must be constituted under the Strata Schemes Management Act 1996. A development application for a lot in a strata plan does not require the consent of the Body Corporate when that work does not affect any common property.</p> <p>Note: In the case of land that is a community, precinct or neighbourhood parcel within the meaning of the Community Land Development Act 1989, the association for the parcel must provide consent.</p> <p>Note: If signing on behalf of a corporate body or company, the application should be signed by an authorised person under common seal and the position of that person in the corporate body or company must be stated on the form. Alternatively, the Common Seal is not required if two Directors or authorised persons sign the application form, or if you are a sole Director.</p>			
Applicant(s) Name			Date
Applicant(s) Signature			
PRIVACY NOTIFICATION			
<p>Personal and private information supplied to Council is managed in compliance with the Privacy and Personal Information Protection Act 1998. The supply of this information is not voluntary, as it is required by law in order to process your application/request. The intended recipients of the personal information are Officers within the Council, agents/contractor of the Council and other statutory authorities. You may apply for access or amendment to your personal information held by Council. You may also request that Council suppresses your personal information from a public register. If you have any further enquiries concerning this matter, contact Council on (02) 4993 4100, or the Information and Privacy Commission 1800 472679 or email mailto:ipcinfo@ipc.nsw.gov.au or the website www.ipc.nsw.gov.au.</p>			

HOW TO LODGE YOUR APPLICATION

<p>Address the application to</p> <p>General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325</p> <p>OR</p> <p>General Manager Cessnock City Council DX 21502 CESSNOCK</p> <p>Payment Method By mail - Cheque, Money Order or Credit Card (<i>complete the section below</i>)</p>	<p>Lodge in person (between 9am – 4.30pm) at Council's Administration Building</p> <p>Cessnock City Council 62-78 Vincent Street CESSNOCK NSW</p> <p><i>You will need to spend some time with a Customer Service Officer when lodging your application. Typically you will require 30 minutes, however this may vary depending on the complexity of your application</i></p> <p>Payment Method In person - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.</p>	<p>How to Contact Us Phone: (02) 4993 4100 Fax: (02) 4993 2500 Email: council@cessnock.nsw.gov.au www.cessnock.nsw.gov.au</p> <p>Office Hours 9am to 5pm Monday to Friday <i>*Payments are accepted until 4.30pm</i></p> <p>Duty Officers are available weekdays: Planning - 9am to 5pm Building - 9 to 10am & 1 to 5pm</p> <p>Fees Fees are calculated in accordance with Council's adopted fees and charges.</p>
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If you require further information regarding this request, please contact Council's Customer Service Centre on (02) 4993 4100.

Cessnock City Council takes the privacy and security of personal information very seriously. To eliminate the risk associated with Credit Cards, Council does not collect or store Credit Card information.

Credit Card payments are processed by Council's Call Centre using a call in or call back facility. Customers are able to select their preferred option.

If you wish to make payment via Credit Card, please nominate your preferred telephone contact number for our Customer Service Team to contact you on.

Payment Contact Name:

Payment Contact Phone Number: