



ON-SITE WASTEWATER MANAGEMENT SYSTEM APPLICATION FORM

OFFICE USE ONLY

DA No:
 Septic No:
 Parcel No:
 Receipt No:
 Date:
 RN:

Made under Local Government Act 1993,
Section 68 Part C Item 5 & 6

Revision No. 23-11-2016

PART 1 – APPLICATION DETAILS

TYPE OF APPROVAL – Please indicate by 'X'

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

Application to Install, Construct or Alter a Waste Treatment Device or Human Waste Storage Facility
 - Local Government Act 1993 Section 68 Part C Item 5

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

Type of Work

Will you be altering an existing system? Yes No

Will you be installing/constructing a *new* system? Yes No

If Yes, please indicate by 'X' which of the following applies

The proposed system is a *new* system on a vacant lot

The proposed system is *replacing* an existing system

The proposed system is an *additional* system (where existing system/s will continue to operate)

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)

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"/>	Effluent Pump-Out by Tanker <input type="checkbox"/>
	Composting <input type="checkbox"/>	Sand/Media Filter <input type="checkbox"/>	Pump to Sewer <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: <small>(Note: Studies and the like are to be counted as bedrooms)</small>	No of Persons Using System:		

INSTALLATION FIRM DETAILS

Name(s)		Company	
		Position Title	
Postal Address		PO Box	Telephone
Suburb	State	Postcode	Mobile
Email		Licence No.	

APPLICANT DETAILS *Please indicate by 'X'*

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

- 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 *(Please print)*Please indicate by 'X' Private Land Owner Sole Director Director, Secretary & Company Seal**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.**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).**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.**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.**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.

Applicant(s) Name

Date

Applicant(s) Signature

PRIVACY NOTIFICATION

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.

THE APPLICATION REQUIREMENTS

All applicants must submit three (3) copies of the following with applications for Installation Approval:

1. Site Constraints Plan:

A dimensioned site constraints plan drawn to a suitable scale indicating:

- Location of the treatment tank(s);
- Location of primary and reserve disposal areas (including prescribed sizes and any vegetation / landscaping requirements);
- Location of boundaries, all buildings, swimming pools, driveways / roads and paths;
- Location of any environmentally sensitive areas of any land located within 100m of the wastewater management facility including groundwater bores, dams, waterways, intermittent drainage courses etc;
- Buffers from environmentally sensitive areas to the land application area;
- Location of the soil test holes;
- Location of stormwater diversion drains and earth bunds (if applicable).

2. Drainage Diagram:

A drainage diagram drawn to a suitable scale indicating:

- Proposed drainage diagram from each wastewater fixture within the building to the treatment tank(s) in accordance with the National Plumbing & Drainage Code *AS/NZS 3500* (including pipe size, dimensions, location, inspection openings, vents, overflow relief gully, etc).

3. Floor Plan:

A copy of the floor plan of any building to be connected to the waste treatment device.

4. Manufacturer's Specifications:

Manufacturer's specifications for the tank(s) (indicating Ministry of Health Accreditation for domestic systems).

5. Site and Soil Assessment Report:

A Site and Soil Assessment Report which demonstrates compliance with *AS1547* and NSW Environment & Health Protection Guidelines.

Note: For Environment & Health Protection Guidelines visit www.dlg.nsw.gov.au/dlg/dlghome/documents/information/onsite.pdf

Any other information requested by Council deemed to be relevant to the assessment of this application.

6. Operation and Maintenance:

- Details of the operation and maintenance requirements for the wastewater treatment facility and the proposed operation, maintenance and servicing arrangements intended to meet these requirements;
- The action to be taken in the event of a breakdown in, or other interference with, the system's operation.

7. Aerated Wastewater Treatment Systems:

Where an aerated wastewater treatment system is to be installed, the applicant is required to supply:

- Detailed design plans and information for the irrigation pipework within the land application area.

8. Additional information that may be required to accompany the application:

- Geo-technical reports for all lots under 2,000m²;
- Cross-sectional drawing through any proposed trenches or beds (including dimensions);
- Manufacturer's specifications for any sub-surface irrigation system;
- Manufacturer's specifications for any distribution boxes or the like where provided to ensure the even distribution of treated effluent within land application areas;
- Location and type of any landscaping or vegetation that is proposed.

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>
--	---	---

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:
------------------------------------	--