



# DUBBO REGIONAL COUNCIL

## Environmental Services

App. No \_\_\_\_\_

PO Box 81  
DUBBO NSW 2830

Phone: 6801 4000  
Fax: 6801 4259

### APPLICATION FOR ONSITE SEWAGE MANAGEMENT SYSTEM OPERATION

Section 68, Local Government Act 1993 and Part 2, Local Government (General) Regulation, 2005

#### LOCATION OF PROPERTY WHERE SYSTEM IS INSTALLED

House no: \_\_\_\_\_ Street/Road: \_\_\_\_\_  
Property name: \_\_\_\_\_  
Lot no: \_\_\_\_\_ DP: \_\_\_\_\_ Locality/Town: \_\_\_\_\_  
Allotment area/size: \_\_\_\_\_

#### NAME DETAILS

##### Owner 1

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

##### Owner 2

Surname: \_\_\_\_\_ Given names: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

Is the property owner-occupied? Yes / No

If no, please provide occupier details and/or agent:

##### Agent/Occupier:

Phone (BH): \_\_\_\_\_ Phone (AH): \_\_\_\_\_ Mobile: \_\_\_\_\_

#### DETAILS OF SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY: (Please tick)

No. of systems on the premises\*:  One  Two  Three  Other \_\_\_\_\_

Type of buildings served:  Dwelling  Agricultural  Commercial  Community Bldg  
 Amenities Block  Other: \_\_\_\_\_

Estimated age of system:  <5 years  5-10 years  10-20 years  >20 years

No. of bedrooms in the dwelling:  One  Two  Three  Four  Five  Six or more

No. of occupants:  1-5  6-10  10 or more

Occupation rate:  Permanent  Occasional/Holiday

Water supply:  Reticulated town  Rainwater  Bore  Other (please specify) \_\_\_\_\_

**System Type:**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Aerated Wastewater Treatment System (AWTS) | Service Agent: |
| <input type="checkbox"/> Septic Tank - Trench/Bed Disposal          | Service Agent: |
| <input type="checkbox"/> Septic Tank – Pump-out System              | Service Agent: |
| <input type="checkbox"/> Wet Composting System                      | Service Agent: |
| <input type="checkbox"/> Chemical Toilet                            | Service Agent: |
| <input type="checkbox"/> Mound                                      |                |
| <input type="checkbox"/> Sand Filter                                |                |
| <input type="checkbox"/> Reed Bed                                   |                |
| <input type="checkbox"/> Composting Toilet                          |                |
| <input type="checkbox"/> Pit Toilet                                 |                |
| <input type="checkbox"/> Other system (please specify) _____        |                |

**Distance of system and disposal from permanent water (river, creek, lake etc)**       <100m       >100m

**Distance of system and disposal from permanent water (dam, intermittent creek, drainage line etc)**       <40m       >40m

**PENALTY**

A person who does not obtain or comply with an Approval to Operate an onsite sewage management facility is guilty of an offence. A penalty infringement notice of \$330 may be issued.

**Owner's Signature and Declaration:**

As owner of the above described property, I/we hereby apply for Approval to Operate the System of Sewage Management described in this application.

**Signature:**      Owner 1: .....

**Date:**

Owner 2: .....

**\* Please complete one form for each system and return to:**

Planning and Environment Division  
 Dubbo Regional Council  
 PO Box 81  
 DUBBO NSW 2830  
 Fax: 02 6801 4259  
 Email: council@dubbo.nsw.gov.au

Additional forms and information is available by contacting Council's Planning and Environment Division on 02 6801 4000 or on Council's website at [www.dubbo.nsw.gov.au](http://www.dubbo.nsw.gov.au)

**Office Use Only**

Fee - \$54 (2017/2018)		Receipt no:
Registration no:		Entered by:
Property no:		Entered date: