

Application for approval to install, alter or construct a waste treatment device or human waste storage facility and approval to operate a system of sewage management

Type of work

- Install New System
 Upgrade/Alter Existing System
 Amend plan
 Amend an approval
 Install commercial/industrial

Property description

Lot No DP/SP Section no
 Address
 Suburb/Town State Postcode

Property details

Property Use Residential Dwelling Rental Dwelling Temporary/Holiday Use Commercial/Industrial
 Water Supply Mains (Town) Tank Dam/River/Creek Rural shed
 Type of Waste Human Trade Other:

On-site Wastewater Management System details

Type of Treatment System AWTS Septic Tank Effluent Pump-Out Reed bed
 Composting/Biological Media Filter Other:
 Method of Disposal Surface irrigation Subsurface irrigation Mound Absorption trench
 Evapo-transpiration Other:
 No of Persons using the system No of bedrooms No of toilets No of Urinals No of showers No of basins
 Septic Tank/Collection/
 Pump well capacity (litres) Tank No 1 Tank No 2 Tank No 3

Applicant's details

Name
 Address
 Suburb/Town State Postcode
 Contact number Email

Office use only

Application number DA number Total fees paid Receipt number Date

Owner/s details

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Contact number	<input type="text"/>	Email	<input type="text"/>

Plumber/Installer details

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Contact number	<input type="text"/>	Licence No	<input type="text"/>
Email	<input type="text"/>		

Application for approval to install, alter or construct a Waste Treatment Device

Section 68 Part C(5) - Local Government Act, 1993

Declaration and signature of owners and applicant

- The undersigned hereby makes application for the approval of Council to the plans and specifications of 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 MidCoast Council to enter the subject property for the purposes of assessing the application for compliance. Access may be made in your absence and without prior notification.
- I indemnify MidCoast Council against any claim which may arise either from negligence or otherwise as a result of my carrying out or entrusting a third party to carry out the above work or any other work within the road reserve at the address of this property.
- No work or activity is permitted to be undertaken until such time as Council has granted an "Approval to Install".

**(if submitting electronically, print name)*

Signature of applicant*	<input type="text"/>	Date	<input type="text"/>
Signature of owner *	<input type="text"/>	Date	<input type="text"/>
Signature of owner *	<input type="text"/>	Date	<input type="text"/>

Where Applicant is not the owner, owner(s) must sign to consent to the lodging of the application

Application for approval to Operate a System of Sewage Management

Section 68 Part F - Local Government Act, 1993

Declaration and signature of owners and operator

The undersigned hereby makes application for the approval of Council to operate a system of sewage management in the MidCoast Council area and agrees to comply with the requirements and conditions that may be stated on the approval. The undersigned acknowledges that the system must not be operated until such time as an "Approval to Operate" has been issued by Council.

Signature of applicant	<input type="text"/>	Date	<input type="text"/>
Signature of owner	<input type="text"/>	Date	<input type="text"/>
Signature of owner	<input type="text"/>	Date	<input type="text"/>

Where Applicant is not the owner, owner(s) must sign to consent to the lodging of the application

All applicants for installation approval must submit with this application the following (please tick)

1. General requirements for all wastewater systems:

- Manufacturer's specification of the tank(s)/sewage management facility (indicating NSW Departmental Health Accreditation);
- A copy of the floor plan of any building to be connected to the waste treatment device;
- Scaled (1:500) site plan indicating:
 - Location of tank(s)/sewage management facility;
 - Location of boundaries, buildings, swimming pools, paths, groundwater bores, dams and waterways/driveways;
 - Location of primary and reserve disposal areas;
 - Location of stormwater diversion drains and earth bunds (if applicable).

2. Where there is onsite disposal of effluent, applicant should also supply in addition to Section 1 above:

- A Wastewater Management Report prepared by a suitably qualified Wastewater Environmental Consultant.

3. Where Aerated Wastewater Treatment System (AWTS) is to be used applicants should also supply in addition to Section 1 and 2 above:

- Detailed design plans and information for the irrigation pipework within the disposal area;

4. [Aboriginal Cultural Heritage Checklist](#) for OSSM (available on Council's website)(Manning only).

Constructability statement

Signature of Property Owner

Date

I declare that I have been made aware of the nature, extent and costs of the proposed on-site sewage management system and acknowledge that I am committing to the installation of the proposed system in accordance with Council's conditions and approval.

Payment options

If you are posting your application to Council, please select your intended payment method

- I/we have attached a cheque payable to MidCoast Council in the required amount

- I/we would like to pay via credit card including the merchant fee, please arrange for Council's customer service to contact me/us for payment details. *Note: if the credit card payment is to be made by someone other than the applicant / owner, please specify below:*

Name

Contact phone

How to lodge this form

Completed form can be:

- lodged electronically using the "Submit" button with attached supporting documents as required. Payment by credit card or EFT can be arranged; or
- forwarded by post with payment; or
- lodged at our Customer Service Counter - Monday to Friday (excluding Public Holidays).

Submit

Privacy: This information is required to process your request and will not be used for any other purpose without seeking your consent, or as required by law. Your application will be retained in Council's Records Management System and disposed of in accordance with current legislation. Your personal information can be accessed and corrected at any time by contacting Council.

Forster | 4 Breese Parade | PO Box 450 Forster 2428 | **6591 7222**
Gloucester | 89 King Street | PO Box 11 Gloucester 2422 | **6538 5250**
Taree | 2 Pulteney Street | PO Box 482 Taree 2430 | **6592 5399**

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