

## PORT MACQUARIE-HASTINGS COUNCIL

PO Box 84, Port Macquarie NSW 2444 DX 7415
PMQ Office: 6581 8111 Laurieton Office: 6559 9958 Wauchope Office: 6589 6500

## **Application for Approval to Operate** a Sewage Management System

Under Section 68 Local Government Act, 1993

Application Ref:	140 .		PN:					
General Requirements:  1. Please contact Council's On-site Sewage Management Officer for any queries. 2. Tick the boxes and fill out the sections as applicable/appropriate. 3. Please note Council will not accept and will return applications that are illegible or incomplete. It is the responsibility of the applicant to ensure information required is provided. 4. The owner's declaration must be signed.								
Privacy Notice:  The personal information requested in this form is required under the Local Government Act 1993 and other legislation to process your application. This information provided may be available for public access and / or disclosure under New South Wales Government Legislation. For further information please contact Council's Executive Services Division.  1. PROPERTY DETAILS  Please tick if additional property details are attached								
Lot No.	Section No.	Deposited Plan No.	Strata Plan No.					
Street No.	Street No. Street Name							
Township			Postcode					
Office Use Only								
Fees: (379)	☐ \$161.00 Domestic	<b>\$200.00</b> Commerc	ial/Industrial					
Accepted By:	Date:							
Amount paid:	Re	c. No:						
Related Application (if any) No: DA / CDC								
FORWARD DIRECTLY TO THE DEVELOPMENT & ENVIRONMENT ADMINISTRATION								

2. OWNER DETAILS		lease tick if additio	nai owner/s are attacr	ied		
This section <b>must</b> be compexchanged, names of both				the property have b	een	
Owner(s) Name(s)						
1.			2.			
Postal Address						
1.						
2.						
Phone No.	o. Mobile No.		Email Address			
1.						
2.						
A ARRIVOANT RETAIL O		0				
3. APPLICANT DETAILS		Same as Owner				
Applicant Name(s)						
Dantal Address					Dootoodo	
Postal Address					Postcode	
Phone No.		Business Phone No.		Mobile No.		
Business Facsimile No.		Email Address				
Signature(s)					Date	
particular case a Penalties apply accordance with Access to the properties of the pr	that is to ac as detailed i for the proval or approval or roperty may compliance ubmission buncil staff for d access be may be cha icant is not to vise approval	in Section 81 of the Larision of false or misle conditions.  The be required by Author with any consent that by another person/s, if or the purpose of admitted at the control of the owner/s then both all may be delayed. The mation provided in	•	93.  I in order to process you submission of this apple giving approval for e Access may be made o make the necessary quired.  Indicate the design of the applicant's sign this form is complete the process.	tem in  our application lication or by ntry to the in your arrangements nature are before signing	
Signature(s) – Owners					Date	
1.						
					+	

## **5. DETAILS OF THE SYSTEM**

Dimensions of Land (area):		hectares / acres / m2 (please circle)					
Main use of Land:	☐ Residential       ☐ Agricultural       ☐ Type of use:         ☐ Commercial       ☐ Industrial       ☐ Other (specify):						
Nature of Buildings / Facilities connected:	<ul> <li>□ New Single Dwelling</li> <li>□ Dual Occupancy Dwellings / Granny Flat</li> <li>□ Other facility (specify)</li> </ul>						
Number of bedro	ooms being	bedrooms	Number of pe	ersons being served	l: people		
Nature of water supply:	☐ Town Mains		☐ Rainwater tank, Capacity (litres):				
Number of fittings connected to the treatment	Bath(s)		Shower(s)		Kitchen sink(s)		
system:	(please tick mo	Toilet(s) Basin(s) Laundry  (please tick more than one box if combined systems are proposed)					
Type of treatment system:	☐ Greywater Treatment System (C☐ Reed Bed / Artificial Wetland		☐ Other (specifications required)		eptic Tank		
	Is a Greywate installed or p	r Diversion Device (G proposed?	GDD)	☐ Yes ☐ N	10		
Manufacturer details:	Model:	Model: Specifications Attached: ☐ Yes ☐ No					
Type of Related Effluent Application (Disposal) Method:  Surface spray irrigation Surface drip irrigation Subsurface irrigation <300mm Subsorption trench(es) Subsoil irrigation >300m Subsoil irrig							
Distance from nearest watercourse (m): Type of watercourse:							
Service technician details for AWTS:							
Please add or attach any further information you think will assist in processing this application:							