



NOTE: FOR PROPERTIES WITH MULTIPLE SYSTEMS, COUNCIL REQUIRES ONE APPLICATION PER SYSTEM.

| | | | | |
|------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------|----------------------|--------------------------|
| If you need help lodging your form, contact us | | Office use only | | |
| Email | council@northernbeaches.nsw.gov.au | Form ID | 2034 | |
| Phone | 1300 434 434 | TRIM Ref | C001552 | |
| Customer Service Centres | Manly Townhall, 1 Belgrave Street Manly NSW 2095 | Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 | Last Updated | 14 September 2017 |
| | Mona Vale 1 Park Street Mona Vale NSW 2103 | Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107 | Business Unit | Environmental Compliance |
| | | Application No. | | |
| | | Receipt No. | | |

| | |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Privacy Protection Notice | |
| Purpose of collection: | For Council to provide services to the community |
| Intended recipients: | Northern Beaches Council staff |
| Supply: | If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek |
| Access/Correction: | Please contact Customer Service on 1300 434 434 to access or correct your personal information |

PART 1A: Applicant – Contact Details

| | | | |
|----------------------------|--|-----------------|--|
| Name / Company Name | | | |
| Address | | | |
| Suburb | | Postcode | |
| Business Phone | | Mobile | |
| Home Phone | | Fax | |
| Signature | | Date | |

PART 1B: Owner – Contact Details

| | | | | |
|---------------------------------------------------------------|------------|-----------------|--|--------------|
| As above | Yes | No | | |
| Name | | | | |
| Address | | | | |
| Suburb | | Postcode | | |
| Installation Address (if different from the above) | | Lot No | | DP No |
| | | | | |
| Suburb | | Postcode | | |
| Business Phone | | Mobile | | |
| Home Phone | | Fax | | |

Part 1: Installer - Contact Details

| | | | |
|----------------------------|--|-----------------|--|
| Name / Company Name | | | |
| Address | | | |
| Suburb | | Postcode | |
| Business Phone | | Mobile | |
| Home Phone | | Fax | |

Part 2: Plumber - Contact Details

| | | | |
|----------------------------|--|---------------|--|
| Name / Company Name | | | |
| Business Phone | | Mobile | |
| Home Phone | | Fax | |

Part 3: System Type (please tick appropriate box)

| Type of on-site wastewater management system | | Type of on-site wastewater disposal system | |
|---------------------------------------------------------|--|--------------------------------------------|--|
| Aerated wastewater treatment system One Off Approval | | Absorption trench | |
| Septic tank | | Spray irrigation | |
| Greywater treatment system | | Sub-surface irrigation | |
| Wet/dry composting toilet | | Mound system | |
| Pump-out to sewer | | Pump-out to truck | |
| Other please specify | | | |

Part 4: Further Information

| Type of premises | | Fittings to be connected | | | |
|----------------------------------------------------|--|--------------------------------|------|--|------|
| Dwelling | | W.C | | | |
| Multi-residential | | Bath | | | |
| Commercial | | Laundry | | | |
| Industrial | | Kitchen Sink | | | |
| Approximate Number of persons residing in dwelling | | Number of bedrooms in dwelling | | | |
| Tank (s) capacity in litres | | Water Source | Town | | Tank |
| Other please specify | | | | | |

Part 5: Owner's Declaration

I/We undertake to comply with the Local Government Act 1993 and Regulations and amendments, and the Protection of the Environment Operation Act 1997.

I/We have read the explanatory notes for completion of this application contained on the form and understand that if all the required details are not provided, the application may be subject to delay or be rejected as incomplete. I also understand that Council may request more information or clarification to complete this application.

I/We consent to Northern Beaches Council displaying this application and supporting documents for the purpose of obtaining when necessary any public comment.

I/We consent to Council officers entering the above property for the purpose of carrying out inspections on this application.

| | | | |
|-------------------|--|------|--|
| Owner 1 Signature | | Date | |
| Owner 2 Signature | | Date | |

Part 6: Checklist

| REQUIRED | YES | NO | WHY |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| SYSTEM DETAILS (1 COPY) | | | |
| Submit full manufacturer's details and plans; | | | |
| Submit scaled plans of the tank/system, including vertical section; | | | |
| Ensure the system is accredited by NSW Health | | | |
| SITE ASSESSMENT | | | |
| The application must include a site assessment undertaken by a suitably qualified person. This assessment must contain details of the topography, soil composition, texture and vegetation of any effluent application areas related to the system. | | | |
| BLOCK/SITE PLANS (2 COPIES) | | | |
| • Drawn to scale on A3 paper | | | |
| • Details of the topography (such as spot levels or contour lines) | | | |
| • The buffer distances around irrigation areas and tanks. | | | |
| • The position of all fittings, plumbing and drainage lines. | | | |
| • The position of the system and/or disposal area. | | | |
| • Any environmentally sensitive areas or water courses located within 100 metres of the sewage management facility. | | | |
| • Freshwater Bores | | | |
| • When installing an aerated wastewater treatment system, full details to be shown of the irrigation system and the dimensions and boundaries of the area to be irrigated. | | | |
| • Dams | | | |
| • Any existing on-site sewage management system, including disposal area (if applicable). | | | |
| OPERATION AND MAINTENANCE (1 COPY) | | | |
| • The application must be accompanied by details of: | | | |
| 1. The operation and maintenance requirements for the proposed facility | | | |
| 2. The proposed operation, maintenance and servicing arrangements intended to meet those requirements | | | |
| 3. An action plan to be taken in the event of a breakdown in, or other interference with, its operation. | | | |
| Note: "Difficult" sites (or sites with limitations) for effluent disposal may require a more detailed disposal system designed by a suitably qualified wastewater professional. | | | |

Part 7: Fees and Payment

| Methods of Payment |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Council Customer Service Centre At the Customer Service Centre in the Council Civic Centre. Payment can be made by cheque, credit card (American Express, Mastercard, Visa only), cash money order or EFTP</p> <p>Payment by Mail -Credit cards accepted Post the payment slip (on the front of Invoice/Statement at the bottom) with your cheque or credit card details to:</p> <p>Northern Beaches Council 725 Pittwater Road Dee Why, NSW 2099</p> <p>Fax Payment - Credit cards only Complete the payment slip (below) with your credit card details and fax to: 9942 2606</p> |

Office Use Only - Part A*

| | | | |
|--------------|--|----------------------|----|
| Receipt No | | Cashier Type 5300 | |
| Property No | | Picked Up | |
| C R No | | Receiving Officer | |
| Notes Number | | Posted | |
| Permit No | | Inspection By | |
| Date | | Range | |
| Spoke to | | Time | |
| Level No | | Total Amount Payable | \$ |

*Part A is a universal section, please use applicable boxes only

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ACCORDING TO PROCEDURES**

| | | |
|---------------------|----------------------------------|-------------------------------------------------------------------|
| Credit Card Details | | |
| Please charge my | <input type="radio"/> Mastercard | <input type="radio"/> Visa <input type="radio"/> American Express |
| Amount | \$ | |

| | |
|-------------------------|--|
| Name as appears on card | |
| Card Number | |
| Expiry Date | |

| | |
|----------------------|--|
| Signature | |
| Daytime Phone Number | |
| Date | |

Please note: All credit card payments are subject to a 0.7% service fee

| | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | | | | |
| Application No. | | | | | | | | | | | | |

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