



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 Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	June 2021
	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	
Phone		Mobile	
Fax			
Email			
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		Mobile		
Phone		Fax		
Email				

Part 1C: Fees

Commercial - \$454	Domestic - \$380
Select if applicable	
Urgency fee: 2 work days	\$257
Urgency fee: 3-10 work days	\$117

Part 2: Installer - Contact Details

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

Part 3: Plumber - Contact Details

Name / Company Name			
Business Phone		Mobile	
Home Phone		Fax	

Part 4: System Type (please tick appropriate box)

Type of on-site wastewater management system	Type of on-site wastewater disposal system
Aerated wastewater treatment system	Absorption trench
Septic tank	Pump to Sydney water sewer
Greywater treatment system	Surface Spray Irrigation
Wet/dry composting toilet	Surface Drip Irrigation
Pump-out to sewer	Sub-surface irrigation
Other please specify	Mound system
	Pump-out to truck
	Other please specify

Part 5: 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 6: 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 7: 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 8: Fees and Payment

Methods of Payment
<p>Council Customer Service Centre</p> <p>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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**ALL HARD COPIES TO BE DESTROYED
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: Payment card surcharge of 0.5% applies

Office Use Only															
Application No.															

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ACCORDING TO PROCEDURES**