



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	2035	
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	Feb 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.	W W	
		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: Waste water treatment system

Aerated Wastewater Treatment System		Septic Tank	
Greywater Treatment System		Wet/Dry compost toilet	
Pump to sewer / holding well		Other (please specify)	

PART 1B: Waste water disposal method

Above ground	Spray irrigation		Drip-line		
Below ground	Absorption trench/ Conventional Bed		Subsurface drip		Mound
Other	Pump to sewer		Pump out truck		Other (specify below)

PART 1C: Address of waste water system

Installation Address		Lot No		DP No	
Suburb		Postcode			

PART 2A: Applicant – contact details

Name/s			
Address			
Suburb		Postcode	
Business Phone		Mobile	
Home Phone		Email	
Signature		Date	

PART 2B: Owner – contact details

As above	Yes	No	
Name/s			
Address			
Suburb		Postcode	
Business Phone		Mobile	
Home Phone		Email	

PART 2C: Owner - declaration

<ul style="list-style-type: none"> I/We undertake to comply with the Local Government Act 1993 and Regulations and amendments, and the <i>Protection of the Environment Operation Act 1997</i>. I/We understand that if all the required details are not provided, the application may be subject to delay, may result in additional charges 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 own the subject land and consent to Council officers entering the premise for the purpose of carrying out inspections in conjunction with this application, without first giving written notice. 			
Owner 1		Date	
Owner 2		Date	

PART 3: Type of approval to operate application

Domestic wastewater treatment system - NSW Health accredited that serves less than 10 persons - does not apply to pump to sewer systems, pensioner fees and non-accredited systems	\$273	
Commercial wastewater treatment system - not accredited by NSW Health and/or serves greater than 10 persons	\$320	
Greywater treatment systems	\$140	
Pump to sewer systems	\$191	
Pensioners discount (with evidence)	\$93	
Application Urgency Fee - 2 working days or less prior to required approval date This box is only to be checked in addition to one of the above listed fees if an urgent inspection is required for conveyancing or other purposes.	\$250	
Methods of Payment		
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 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:	Northern Beaches Council 725 Pittwater Road Dee Why, NSW 2099 Fax Payment - Credit cards only Complete the payment slip (below) with your credit card details and fax to: 9942 2606	

THIS PAGE IS BLANK

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

Office Use Only															
Application No.															

**ALL HARD COPIES TO BE DESTROYED
ACCORDING TO PROCEDURES**