

# Application for Approval to Operate an On-site Waste Water Management System 22/23



## Section 68 of the Local Government Act 1993

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	<b>Form ID</b>	2035
Phone	1300 434 434	<b>TRIM Ref</b>	C001552
Customer Service Centres	<b>Manly</b> Town Hall, 1 Belgrave Street Manly NSW 2095	<b>Dee Why</b> Civic Centre, 725 Pittwater Road Dee Why NSW 2099	<b>Last Updated</b> June 2022
	<b>Mona Vale</b> 1 Park Street Mona Vale NSW 2103	<b>Avalon</b> 59A Old Barrenjoey Road Avalon Beach NSW 2107	<b>Business Unit</b> Environmental Compliance
		<b>Application No.</b>	W W
		<b>Receipt No.</b>	

<b>Privacy Protection Notice</b>	
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

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

### Part 1C: Address of waste water system

<b>Installation Address</b>		Lot No		DP No	
<b>Suburb</b>		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"> <li>I/We undertake to comply with the Local Government Act 1993 and Regulations and amendments, and the Protection of the Environment Operation Act 1997.</li> <li>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.</li> <li>I/We consent to Northern Beaches Council displaying this application and supporting documents for the purpose of obtaining when necessary any public comment.</li> <li>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.</li> </ul>			
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	\$289	
Commercial wastewater treatment system - not accredited by NSW Health and/or serves greater than 10 persons	\$339	
Greywater treatment systems	\$149	
Pump to sewer systems/pump to track	\$202	
Pensioners discount (with evidence)	\$99	
Methods of Payment		
In person at any of our Customer Service Centres in Manly, Dee Why, Mona Vale and Avalon Payment in person by cash, credit or debit card, cheque or money order We accept American Express, Visa & Mastercard (0.5% service fee for all card payments)	By post: Northern Beaches Council PO Box 82 Manly NSW 1699 (please include payment) Via email to: council@northernbeaches.nsw.gov.au (please include completed credit card payment slip (over page – 0.5% card service fee applies)	
Tick if applicable		
Urgency fee 2 working days	\$265	
Urgency fee 3-10 working days	\$121	

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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 0.5% service fee

<b>Office Use Only</b>															
Application No.															

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