



**Note: For Properties With Multiple Systems, Council Requires One Application Per System.**

If you need help lodging your form, contact us		Office use only	
<b>Email</b>	council@northernbeaches.nsw.gov.au	<b>Form ID</b>	2035
<b>Phone</b>	1300 434 434	<b>TRIM Ref</b>	C001552
<b>Customer Service Centres</b>	<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 2021
	<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>	

Privacy Protection Notice	
<b>Purpose of collection:</b>	For Council to provide services to the community
<b>Intended recipients:</b>	Northern Beaches Council staff
<b>Supply:</b>	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
<b>Access/Correction:</b>	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>		<b>Lot No</b>		<b>DP No</b>	
<b>Suburb</b>		<b>Postcode</b>			

### 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 <i>Protection of the Environment Operation Act 1997</i>.</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	\$281	
Commercial wastewater treatment system - not accredited by NSW Health and/or serves greater than 10 persons	\$329	
Greywater treatment systems	\$144	
Pump to sewer systems/pump to track	\$196	
Pensioners discount (with evidence)	\$96	
<b>Methods of Payment</b>		
<b>Council Customer Service Centre</b> 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:	<b>Northern Beaches Council</b> 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	
<b>Tick if applicable</b>		
Urgency fee 2 working days	\$256	
Urgency fee 3-10 working days	\$177	

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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 0.5% service fee

Office Use Only															
Application No.															

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