



Camden Council
70 Central Avenue, Oran Park
NSW 2570
PO Box 183, Camden 2570
PH: 13 CAMDEN (13 226 336)
E: mail@camden.nsw.gov.au

APPLICATION FOR APPROVAL TO OPERATE A SEWAGE MANAGEMENT SYSTEM
Local Government (General) Regulation 2005

Property Details: Lot: _____ DP: _____ House No: _____ Street: _____ Suburb: _____

Name of Owner: _____ **Telephone:** _____

Postal Address: _____

Signature of Owner: _____

Name of Occupier (if rental property): _____ **PH:** _____

Name of Operator (if different to Owner): _____ **PH:** _____

Postal Address: _____

NOTE: The operator of a sewage management system is the person responsible for the operation and maintenance of the system including all other legal responsibilities and duties.

Name of Maintenance Contractor/Company: _____

Address: _____ **Contact telephone numbers:** _____

Indicate number of type of waste fittings connected to the tank:

Bath(s) Shower(s) Kitchen sink(s) Toilet(s) Basin(s) Laundry Other

| | | |
|--|---|--|
| Type of System (Please tick) | <u>Aerated wastewater treatment system (AWTS)</u> <ul style="list-style-type: none"><input type="checkbox"/> Surface Irrigation<input type="checkbox"/> Subsurface Irrigation<input type="checkbox"/> Evapo-transpiration System | <u>Conventional</u> <ul style="list-style-type: none"><input type="checkbox"/> Evapo-transpiration System<input type="checkbox"/> Pump Out |
| | <u>Other</u> Brief Description: | |

If AWTS, supply the following details :

Number of sleeping rooms to be served: _____ bedrooms

Number of persons to be served: _____ people

Approximate age of sewage management facility: _____ years

Location of alarm/warning system: _____

(Signed nominated Operator)

(Please print your full name here)

OFFICE USE ONLY:

Date Received:

Staff member:

NOTE: No fee charged for submission of Application for Approval to Operate a Sewage Management System Form. Fee included within annual rates.

Please forward to Councils Environment & Health Branch.