



Camden Council
70 Central Avenue, Oran Park NSW 2570
PO Box 183, Camden 2570
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Email: mail@camden.nsw.gov.au

Date: _____
File No. _____
Registration No. _____

APPLICATION FOR A PRE-PURCHASE INSPECTION ONSITE SEWAGE MANAGEMENT SYSTEM

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

Vendor Name (owner) _____ **Telephone:** _____

Postal Address: _____

Signature of Owner: _____

NOTE: By signing this the Owner of the premises authorises Camden Council to undertake a site inspection and provide information on the onsite sewage management system and its performance to the purchaser. This includes any written correspondence, Orders issued under the Local Government Act 1993 and or Notices.

Any issues noted with the system during the Council inspection will be required to be rectified by the owner as directed by Council to ensure satisfactory operation of the system.

Vendors Legal Representative: _____ **Telephone:** _____

Purchaser Name: _____ **Telephone:** _____

Postal Address: _____

Purchaser Legal Representative: _____ **Telephone:** _____

Type of System (Please tick)	<u>Aerated wastewater treatment system (AWTS)</u> <input type="checkbox"/> Surface Irrigation <input type="checkbox"/> Subsurface Irrigation <input type="checkbox"/> Evapo-transpiration System	<u>Conventional</u> <input type="checkbox"/> Evapo-transpiration System <input type="checkbox"/> Pump Out
	<input type="checkbox"/> <u>Other</u> Brief Description: _____	

Name of Maintenance Contractor/Company: _____

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

Date system / septic tank last de-sludged and or serviced _____

Loading Details

Number of sleeping rooms: _____ bedrooms Number of persons: _____ people

Notes to Purchaser:

1. A change in occupancy number may lead to a change in the systems performance
2. This inspection will not provide a detailed report on the internal operating condition of the tank e.g. AWTS it is recommended that the purchaser obtain from the current owner copies of previous recent service reports for the system or engage the services of a qualified service provider to undertake a detailed inspection of the internal operating condition of the tank.

Safe access to the site: yes no please call before enter
(Please Tick)

Contact Name for Access: _____ **Contact Telephone Number:** _____

OFFICE USE ONLY:

Date Received: _____ Staff member: _____

Payment: _____

NOTE: Please forward to Councils Environment & Health Branch.