



CAMDEN COUNCIL
 70 Central Avenue, Oran Park
 PO Box 183, Camden 2570
 Local Government Act, 1993

Date: _____
File No. _____
Registration No. _____

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): _____ **Telephone:** _____

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

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> <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
	<u>Other</u> <input type="checkbox"/> 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.