



# Application to Operate an On-site Sewage Management Facility

184 Bourke Street  
Locked Bag 22  
GOULBURN NSW 2580  
Phone: 4823 4444

Email: council@goulburn.nsw.gov.au

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DA N<sup>o</sup>: \_\_\_\_\_

On-Site Sewage Management Systems (such as septic tanks, aerated wastewater treatment systems, composting toilets, pump-out systems and the like) have been found to cause ground water and surface water degradation and other health problems when they fail.

In order to manage these problems better, owners are required to register their system with Council. There is no fee for registration or inspection following registration and you may continue to operate your system while Council assesses management requirements.

After registration, Council will further advise you of the management requirements for your system. Some systems which are in sensitive areas may need annual inspections while others may need the owner to self certify the systems. In each case Council will provide you with advice and assistance. The program to improve performance of systems will occur over the next 3 to 5 years. Your support in this matter and completion of the registration form is appreciated.

## 1. Details of the applicant

Mr  Ms  Mrs  Dr

First name  Family name

Flat/street N<sup>o</sup>  Street name

Suburb or town  State  Postcode

Daytime telephone  Fax  Mobile

Email

## 2. Identify the land

Flat/street N<sup>o</sup>  Street name

Suburb or town  Postcode

Lot N<sup>o</sup>  Section

DP/MPS N<sup>o</sup>  Volume/folio

You can find the lot no., section, DP/MPS no. and volume/folio details on a map of the land or on the title documents for the land. If you need additional room, please attach a schedule and/or a map with these details.

Fees: OSMF operation fee (refer to the On-Site Sewage Management Monitoring section of the Fees & Charges)

Receipt N<sup>o</sup>:

Date:

### 3. What type of system do you have

- |  |  |
|--|--|
| <input type="checkbox"/> Aerated Waste Treatment System (AWTS) | <input type="checkbox"/> Wet Composting Toilet       |
| <input type="checkbox"/> Septic Tank                           | <input type="checkbox"/> Waterless Composting Toilet |
| <input type="checkbox"/> Transpiration Area                    | <input type="checkbox"/> Greywater Treatment Device  |
| <input type="checkbox"/> Absorption Trench                     | <input type="checkbox"/> Cesspit (Pit Toilet)        |
| <input type="checkbox"/> Pump Out                              | <input type="checkbox"/> Collection Well             |
| <input type="checkbox"/> Unknown                               | <input type="checkbox"/> Other                       |

Please Specify: .....

.....

.....

If you are in the rural area (not Village or Rural Residential zone) is your system within 50 metres of a permanent waterway ?

- Yes       No

If you have an Aerated Waste Water Treatment System and Irrigation Area:

Is your Aerated Waste Water Treatment System maintained on a quarterly basis by a qualified maintenance firm/individual ?

- Yes       No

Who maintains your Aerated Waste Water Treatment System ?

Name: .....

Address: .....

**Please return to:      Goulburn Mulwaree Council  
                                 Locked Bag 22  
                                 GOULBURN NSW 2580**

### 4. Signatures

**The owner(s) of the land must sign this application**

As the owner(s) of the above property, I/we consent to this application:

Signature

Name

Date

Signature

Name

Date

I/We understand that it will be necessary for Council staff to enter and inspect the property, the subject of this application to ensure compliance with the provisions of the Local Government Act 1993 and the regulations thereunder, and with the approved plans and specification. Therefore, I/we give approval for Council staff to enter and inspect the property during the approval process; during installation and until such time as all of the work has been completed to Council's satisfaction.

**The applicant, or the applicant's agent, must sign the application.**

Signature

Name, if you are not the applicant

In what capacity are you signing if you are not the applicant?

Date

I/we declare that to the best of my/our knowledge and belief that the foregoing particulars are correct in every detail, and if this application is approved, the facility will be installed in strict conformity with the plans and specification approved by Council, and in accordance with the provisions of the local Government Act 1993 and Regulations made thereunder.

## 5. Privacy policy

The information you provide in this application will enable your application to be assessed by the Council. If the information is not provided, your application may not be accepted. Please contact the Council if the information you have provided in your application is incorrect or changes.

*Council collects personal information only for a lawful purpose that is directly related to Council's planning functions and activities. For further information please contact Council's Privacy Officer or refer to Council's Privacy Management Policy at [www.goulburn.nsw.gov.au](http://www.goulburn.nsw.gov.au).*