

**SEWAGE MANAGEMENT SYSTEM APPLICATION**

*Local Government Act, 1993 Section 68 Part C Item 5 and Part F Item 10  
Clause 95D Local Government (Approvals) Regulation*

Application No.....
File No.....
Fee.....
Receipt No.....
Date.....

APPLICATION TO:

- Register & Operate Existing System
- Install & Operate New System
- Alter & Operate Existing System

**DESCRIPTION OF LAND TO WHICH APPLICATION RELATES**

Street No..... Street..... Locality.....  
Lot(s)..... Section..... DP..... Property Name .....

**OWNERSHIP DETAILS**

Owners Name.....  
Postal Address.....Postcode.....  
Phone.....(H).....(W).....

**OWNERS DECLARATION**

*I/We, the undersigned are the owner(s) of the property described in this application and consent to its lodgement. I/We hereby permit a duly authorised officer of the Murrumbidgee Council to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration of the Act(s), Regulations or Planning Instruments. All owners must sign.*

Signature of Owner(s) ..... Date: .....  
..... Date: .....

**APPLICANT DETAILS** (Nominate as above if applicant is owner)

Name.....  
Postal Address.....Postcode.....  
Phone.....(H).....(W).....

**APPLICANTS DECLARATION** (*This section MUST be signed by the applicant*)

*Application is hereby made for approval to install/operate/alter (delete not applicable items) a Sewage Management Facility on the land described above. I/We consent to Murrumbidgee Council displaying and copying this application and supporting documentation, including designs, for the purpose of obtaining, where necessary, public comment.*

Signature of Applicant.....Date: .....

**OCCUPIER DETAILS** (If not owner and required for access)

Name.....Phone.....(H).....(W).....  
Postal Address.....Postcode.....  
Signature.....

**PROPERTY DETAILS** (complete all details)

What is the property size?.....m<sup>2</sup>/ha

How many people live/work in the dwelling?.....Number of Bedrooms.....

What is the water source for the building?.....

Where is the irrigation area or absorption area / trenches?

- Lawn       Landscape Area       Vegetable garden  
 Other ( specify).....

How far is the on-site sewage system from?:

River/Creek.....m      Dam.....m      Bore/Well.....      Major Gully system.....m

Property boundary.....m      Other sensitive areas (specify).....

Is the disposal site subject to local or river flooding?  Yes       No

What type of soil is the on-site sewage system located on?

- Sand       Loam       Clay       Sandy Loam       Alluvial       Gravel

Other.....

**TYPE OF SYSTEM** (fill in details of proposed or existing system)

- Aerated Waste Treatment System (AWTS)       Cesspit (Pit toilet)  
 Septic Tank       Wet Composting Toilet  
     *Absorption Trench*       Waterless Composting Toilet  
     *Transpiration Area*       Greywater Treatment Device  
     *Pumpout*       Other (Please specify).....  
     *Unknown*       Other (Please specify).....

Size of Septic Tank.....(litres)

**TYPE OF FIXTURES CONNECTED OR TO BE CONNECTED**

- WC       Laundry Tub       Bath       Basin       Kitchen Sink  
 Garbage Grinder       Dish Washer       Urinal       Shower       Other.....

WC flush Capacity       6-3 L       4.25L       9-4L       9-12L

**INSTALLATION DETAILS**

Tradesman Name..... Licence Number.....

Postal Address.....Postcode.....

**DISTANCE OF DISPOSAL AREA FROM NEAREST KEY FEATURES (please tick)**

FEATURE	Less than 3 metres	3 to 6 metres	6 to 20 metres	50 metres	100 metres	250 metres	More than 250 metres	Other (please specify)
Permanent surface waters								
Intermittent surface waters								
Wells or bores								
House								
Property boundary uphill								
Property boundary downhill								

**FOR EXISTING SYSTEMS**

Is roofwater diverted away from the disposal area?.....Y/N

**Septic systems**

• How often does the system have maintenance pumpouts?.....

Is effluent visible at ground surface?.....Y/N

**Aerated Waste Treatment Systems**

Is your AWTS maintained on a quarterly basis by a qualified maintenance firm/individual?

Yes  No

Who maintains your AWTS? Name.....

Address.....Phone.....

Are there warning signs displayed near the irrigation area?  Yes  No

What is the brand and model of your AWTS?.....

What is the AWTS tank capacity?.....

How many sprinklers are there?.....

Are there any leaks ponding or effluent run off in the irrigation area? Please specify.....

Are the irrigation lines fixed/underground?  Yes  No

**PLEASE ATTACH A LOCALITY SKETCH SHOWING LOCATION OF ALL TANK/S, DISPOSAL AREAS & DRAINAGE PIPES (WHERE KNOWN), INDICATING DISTANCE TO HOUSE, BOUNDARIES ETC.**