Application for Approval to Install Waste Water System - Section 68 23/24



Note: for properties with multiple systems, Council requires one application per system

If you need help lo	dgin	g your form, contact us			Office use only							
Email	COL	ıncil@northernbeaches.n:	sw.gov.au		Form ID 2034							
Phone	130	00 434 434			TRIM Ref	CO	015	52				
Customer Service Centres	Ma	nly vn Hall, 1 Belgrave Street	Dee Why Civic Centre, 725 Pittw	votor Dood	Last Updated		ly 20	23				
ocivide denties	Mona Vale 1 Park Street Mona Vale NSW 2103 Aval 2 Pection Notice Collection: For Council to provide services Applicant - Contact Details	Dee Why NSW 2099	rater Road	Business Unit	En	viror	mental	Coı	mplia	ance		
	1		Avalon 59A Old Barrenjoey Ro	and	Application No.							
			Avalon Beach NSW 21		Receipt No.		'					
Privacy Protection I	Notic	e										
Purpose of collection	n:	For Council to provide se	rvices to the community									
Intended recipients:		Northern Beaches Counc	sil staff									
Supply:		If you choose not to supp	tion, it may resul	t in Council being una	ble to	prov	ide the s	ervi	ices	you s	eek	
Access/Correction:		Please contact Custome	Service on 1300 434 43	4 to access or co	orrect your personal i	nform	ation					
		nt - Contact Deta	ils									
Name / Company N	ame											
Address												
Suburb				Postcode								
Phone				Mobile								
Fax												
Email												
Signature				Date								
Part 1B: Owne	er -	Contact Details										
As above		Yes	/es No									
Name												
Address												
Suburb				Postcode								
Installation Address (if different from the above)				Lot No			No					
Suburb				Mobile								
Phone				Fax								
Email												

Part 1C: Fees

Commercial - \$494	Domestic - \$413					
Select if applicable						
Urgency fee: 2 work days	\$280					
Urgency fee: 3-10 work days		\$128				

Part 2: Installer - Contact Details

Name / Company Name		
Address		
Suburb	Postcode	
Business Phone	Mobile	
Home Phone	Fax	

Part 3: Plumber - Contact Details

Name / Company Name		
Business Phone	Mobile	
Home Phone	Fax	

Part 4: System Type (please tick appropriate box)

Type of on-site wastewater management system		Type of on-site wastewater disposal system					
Aerated wastewater treatment system		Absorption trench					
Septic tank		Pump to Sydney water sewer					
Greywater treatment system		Surface Spray Irrigation					
Wet/dry composting toilet		Surface Drip Irrigation					
Pump-out to sewer		Sub-surface irrigation					
Other please specify		Mound system					
	1	Pump-out to truck					
		Other please specify					
5 . E. E							

Part 5: Further Information

Type of premises			Fittings to be connected						
Dwelling		W.C							
Multi-residential	Bath								
Commercial	Laundry								
Industrial	Industrial				Kitchen Sink				
Approximate Number of persons resi	Approximate Number of persons residing in dwelling			Number of bedrooms in dwelling					
Tank (s) capacity in litres	ank (s) capacity in litres			Water Source Town Tank					
Other please specify									

Part 6: Owner's Declaration

I/We undertake to comply with the Local Government Act 1993 and Regulations and amendments, and the Protection of the Environment Operation Act 1997.

I/We have read the explanatory notes for completion of this application contained on the form and understand that if all the required details are not provided, the application may be subject to delay or be rejected as incomplete. I also understand that Council may request more information or clarification to complete this application.

I/We consent to Northern Beaches Council displaying this application and supporting documents for the purpose of obtaining when necessary any public comment.

I/We consent to Council officers entering the above property for the purpose of carrying out inspections on this application.

Owner 1 Signature	Date	
Owner 2 Signature	Date	

Part 7: Checklist

Required							
System Details (1 copy)	Yes	No	Why				
Submit full manufacturer's details and plans;							
Submit scaled plans of the tank/system, including vertical section;							
Ensure the system is accredited by NSW Health							
Site Assessment							
The application must include a site assessment undertaken by a suitably qualified person. This assessment must contain details of the topography, soil composition, texture and vegetation of any effluent application areas related to the system.							
Block/Site Plans							
Drawn to scale on A3 paper							
Details of the topography (such as spot levels or contour lines)							
The buffer distances around irrigation areas and tanks.							
The position of all fittings, plumbing and drainage lines.							
The position of the system and/or disposal area.							
Any environmentally sensitive areas or water courses located within 100 metres of the sewage management facility.							
Freshwater Bores							
When installing an aerated wastewater treatment system, full details to be shown of the irrigation system and the dimensions and boundaries of the area to be irrigated.							
• Dams							
Any existing on-site sewage management system, including disposal area (if applicable).							
Operation and Maintenance (1 copy)							
The application must be accompanied by details of:							
1. The operation and maintenance requirements for the proposed facility							
2. The proposed operation, maintenance and servicing arrangements intended to meet those requirements							
3. An action plan to be taken in the event of a breakdown in, or other interference with its operation.							
Note: "Difficult" sites (or sites with limitations) for effluent disposal may require a more detailed disposal system de	sianed hy	a cuitably	, qualified				

wastewater professional.

Part 8: Fees and Payment

Methods of Payment	
You can lodge & pay at any of our Customer Service branches located at: Avalon, Dee Why, Mona Vale or Manly.	Application & payment by mail - please ensure payment is included (credit card payment slip attached).
Credit cards accepted (American Express, Mastercard or Visa Card). All card	Postal address:
payments incur a 0.5% service Fee.	Northern Beaches Council PO Box 82 Manly NSW 1655

Office Use Only - Part A*

Property No	Picked Up	
C R No	Receiving Officer	
Notes Number	Posted	
Permit No	Inspection By	
Date	Range	
Spoke to	Time	
Level No	Total Amount Payable	\$

^{*}Part A is a universal section, please use applicable boxes only

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ALL HARD COPIES TO BE DESTROYED ACCORDING TO PROCEDURES

Credit Card Details														
Please charge my	Mastercard					C	Visa				American Express			
Amount	\$													
Name as appears on card														
Card Number														
Expiry Date														
Signature														
Daytime Phone Number														
Date														
Please note: All credit card payments	s are su	bject to	a 0.5%	6 servic	e fee									
Office Use Only							,						,	
Application No.														

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