



Camden Council
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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): _____ **PH:** _____

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

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> <ul style="list-style-type: none"><input type="checkbox"/> Surface Irrigation<input type="checkbox"/> Subsurface Irrigation<input type="checkbox"/> Evapo-transpiration System	<u>Conventional</u> <ul style="list-style-type: none"><input type="checkbox"/> Evapo-transpiration System<input type="checkbox"/> Pump Out
	<u>Other</u> 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.