



Application for Approval to Operate a Sewage Management System

Local Government (General) Regulation 2005

* Mandatory Field

Part 1: Owner/Occupier Details

Title	Given Name/s *	Family Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address * (all correspondence will be sent to this address)		
<input type="text"/>		
Mobile Number *	Email Address *	
<input type="text"/>	<input type="text"/>	
Name of Occupier (If rental property)	Occupier Mobile Number	
<input type="text"/>	<input type="text"/>	

Part 2: Property Details

Lot	DP	House Number *	Street *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb *	Postcode *		
<input type="text"/>	<input type="text"/>		

Part 3: Nature of Building / Facilities to be Connected

<p>Type of System * (please tick)</p> <p><u>Aerated Wastewater Treatment System (AWTS)</u></p> <p><input type="checkbox"/> Surface irrigation</p> <p><input type="checkbox"/> Sub-surface irrigation</p> <p><input type="checkbox"/> Evapo-transpiration system</p> <p><u>Conventional</u></p> <p><input type="checkbox"/> Evapo-transpiration system</p> <p><input type="checkbox"/> Pump Out</p> <p>Other:</p> <p><input type="text"/></p> <p>Nature of Build *</p> <p><input type="checkbox"/> New single dwelling</p> <p><input type="checkbox"/> Existing single dwelling</p> <p><input type="checkbox"/> Dual occupancy</p> <p><input type="checkbox"/> Granny flat</p> <p><input type="checkbox"/> Commercial premises</p> <p><input type="checkbox"/> Other:</p> <p><input type="text"/></p>	<p>If AWTS, please supply the following details:</p> <p>Number of sleeping rooms to be served: <input type="text"/> bedrooms</p> <p>Number of persons to be served: <input type="text"/> people</p> <p>Approximate age of sewage management facility: <input type="text"/> years</p> <p>Location of alarm/warning system:</p> <p><input type="text"/></p> <p>Indicate Number of Waste Fittings Connected to Tank *</p> <table><tr><td>Bath(s)</td><td><input type="text"/></td><td>Toilet(s)</td><td><input type="text"/></td></tr><tr><td>Shower(s)</td><td><input type="text"/></td><td>Basin(s)</td><td><input type="text"/></td></tr><tr><td>Kitchen sink(s)</td><td><input type="text"/></td><td>Laundry</td><td><input type="text"/></td></tr></table>	Bath(s)	<input type="text"/>	Toilet(s)	<input type="text"/>	Shower(s)	<input type="text"/>	Basin(s)	<input type="text"/>	Kitchen sink(s)	<input type="text"/>	Laundry	<input type="text"/>
Bath(s)	<input type="text"/>	Toilet(s)	<input type="text"/>										
Shower(s)	<input type="text"/>	Basin(s)	<input type="text"/>										
Kitchen sink(s)	<input type="text"/>	Laundry	<input type="text"/>										

Part 4: Declaration

I declare that all the information I have provided is true and correct.

Applicant Name (please print) *

Applicant Signature *

Date *

Part 5: Lodgement Details

You can lodge you application by:

EMAIL: mail@camden.nsw.gov.au

MAIL: Camden Council, PO BOX 183 CAMDEN NSW 2570

IN PERSON: 70 Central Avenue ORAN PARK

WHAT NOW: Once your application is received, a Council Officer will contact you if further information is required. For further information regarding your application please contact us by:

PHONE: 13 22 63 **WEBSITE:** <https://www.camden.nsw.gov.au>

NOTE: No fee charged for submission of Application for Approval to Operate a Sewage Management System Form. Fee included within annual rates.