



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

Type of System * (please tick) <u>Aerated Wastewater Treatment System (AWTS)</u> <input type="checkbox"/> Surface irrigation <input type="checkbox"/> Sub-surface irrigation <input type="checkbox"/> Evapo-transpiration system <u>Conventional</u> <input type="checkbox"/> Evapo-transpiration system <input type="checkbox"/> Pump Out Other: <input type="text"/>	If AWTS, please supply the following details: Number of sleeping rooms to be served: <input type="text"/> bedrooms Number of persons to be served: <input type="text"/> people Approximate age of sewage management facility: <input type="text"/> years Location of alarm/warning system: <input type="text"/>
Nature of Build * <input type="checkbox"/> New single dwelling <input type="checkbox"/> Existing single dwelling <input type="checkbox"/> Dual occupancy <input type="checkbox"/> Granny flat <input type="checkbox"/> Commercial premises <input type="checkbox"/> Other: <input type="text"/>	Indicate Number of Waste Fittings Connected to Tank * 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 CAMDEN (13 226 336)

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.