



# APPLICATION FOR APPROVAL TO OPERATE A SEWAGE MANAGEMENT SYSTEM

LOCAL GOVERNMENT (GENERAL) REGULATION 2005

PROPERTY WHERE THE SEWAGE MANAGEMENT SYSTEM IS INSTALLED		
House No.:	Lot No.:	DP No.:
Street Name:		
Suburb:		Postcode:

OWNER DETAILS	
Full Name/s	
Mailing Address:	
Email address:	Phone:

TYPE OF SEWAGE MANAGEMENT SYSTEM	
<input type="checkbox"/>	Primary Septic Tank with Secondary Aerated Treatment and Spray Irrigation
<input type="checkbox"/>	Primary Septic Tank with Aerated Treatment and Sub-Surface Irrigation
<input type="checkbox"/>	Septic Tank with Onsite Effluent Disposal by Absorption Trench
<input type="checkbox"/>	Septic Tank with Effluent Pump-Out
<input type="checkbox"/>	Composting Toilet with Separate Greywater Management System
<input type="checkbox"/>	Grey Water Treatment System
<input type="checkbox"/>	Private Sewer Pump Station (please describe)
<input type="checkbox"/>	Other/Unknown (please describe)

OWNER/S SIGNATURE/S	
Owner 1:	Owner 2:

NOMINATED OPERATOR DETAILS	
<p>The nominated operator must reside at the property serviced by the sewage management system and is responsible for ensuring that the system does not pose a risk to public health or the environment. Where the owner does not reside at the property the nominated operator is the occupier. As nominated operator the information provided in this application is an accurate and honest assessment of the sewage management system on the property referred to in the application.</p>	
Print Name:	Signature:

Completed Application form to be forwarded to: [bsadmin.compliance@centralcoast.nsw.gov.au](mailto:bsadmin.compliance@centralcoast.nsw.gov.au) or via post to the address below.