

**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 D P No

Street Suburb

OWNER (S) DETAILS

Full Name (s)

Mailing Address

Contact Telephone Number

OCCUPIER (S) DETAILS

Full Name (s)

Mailing Address

Contact Telephone

TYPE OF SEWAGE MANAGEMENT SYSTEM

- ☐ Primary Septic Tank with Secondary Aerated Treatment and Spray Irrigation
- ☐ Primary Septic Tank with Aerated Treatment and Sub-Surface Irrigation
- ☐ Septic Tank with Onsite Effluent Disposal by Absorption Trench
- ☐ Septic Tank with Effluent Pump-Out
- ☐ Composting Toilet with Separate Greywater Management System
- ☐ Grey Water Treatment System
- ☐ Other/Unknown (please describe)

Number of Bedrooms in residence: :

OWNER (S) SIGNATURE (S)

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NOMINATED OPERATOR DETAILS

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.**

NOTE: SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY RESULT IN THE IMPLEMENTATION OF LEGAL PROCEEDINGS.

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Please print name

.....
Signature

**Completed Application Form to be forwarded to:
Central Coast Council, PO Box 20 Wyong, or 2 Hely Street Wyong 2259**