

# Application for Approval to Operate a Sewage Management System

**A fee for this application applies – please refer to Council’s Fees and Charges**  
**Please note that payment MUST accompany this form.**

## Applicant Details:

Title: <input checked="" type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
Family Name:		Given Name/s:
Company/Organisation (if applicable):		
Postal Address:		
Suburb:		Postcode:
Contact Person (if applicable):		
Email Address:		
Home Phone:	Business Phone:	Mobile:

## Property where the Sewage Management System is installed

Street / Lot Number	Street	Suburb
Name of nominated operator		
Approval to Install Number (for new systems only) LA/		

## Occupier Details

Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
Family Name:		Given Name/s:
Company/Organisation (if applicable):		
Postal Address:		
Suburb:		Postcode:
Email Address:		
Home Phone:	Business Phone:	Mobile:

## Type of Sewage Management System

- Septic tank with effluent pump out
- Primary septic tank with secondary aerated treatment and spray irrigation
- Primary septic tank with secondary aerated treatment and sub-surface irrigation
- Septic tank with onsite effluent disposal by absorption trench
- Composting toilet with separate greywater management system
- Greywater diversion device
- Greywater treatment system
- Other (Please describe)



# Application for Approval to Operate a Sewage Management System

## Signatures

Property Owner Signature
Nominated Operator (only required if nominated operator is <b>not</b> the owner)
Signature
Date