

Application for Inspection On-Site Sewage Management System



SNOWY MONARO
REGIONAL COUNCIL

*This form is to be used to gain an operating approval for an **existing** On-Site Sewerage Management System. A person who operates a system of sewage management without obtaining approval of council is guilty of an offence under s. 626 (3) of the Local Government Act 1993*

Owner Details				
Name			Phone (AH)	
Postal Address			Phone (BH)	
Town	State	Postcode		Mobile
Email			ABN	

Property Details				
Residential Address			Phone	
Town		State	Postcode	
Lot	Section			DP

On-site Sewage Management System Details			
Current OpSM Number (if Known)			
Type of Premise	<input type="checkbox"/> Domestic	<input type="checkbox"/> Non-Domestic	
Type of System	<input type="checkbox"/> Septic Tank Trench	<input type="checkbox"/> Wet Composting	<input type="checkbox"/> Dry Composting
	<input type="checkbox"/> AWTS	<input type="checkbox"/> Package Plant	<input type="checkbox"/> Other
Tank Capacity:		Collection Well (Lts):	
Disposal Area (mts):		Age of system (if known):	
Number of persons occupying the building:		Date of last desludge (if known):	

Service Details (if applicable)	
Please provide details and a copy of the service agreement from your service agent:	
Company / Service Agent:	ABN:
Postal Address:	Phone:

Site Plan	
Please complete a site plan of your On-site Sewage Management System in the blank box on the next page.	
Please include the following information on your site plan:	
<ul style="list-style-type: none"> • Access points to the property (gates, roads etc.) • North arrow • Dimensioned clearance from property boundaries • Length of any absorption trenches 	<ul style="list-style-type: none"> • Directions of fall of the land • Location of buildings • Location of the treatment system/tanks and disposal fields • Water courses (river, creeks, bores etc.)

Site plan diagram, please insert below or as separate attachment.

Consent of All Owners

I/We the undersigned hereby request an inspection of above on-site sewage management system.

I/We understand that an inspection fee may be charged in accordance with Councils Schedule of Fees and Charges.

Permission to Enter

I/We the undersigned declare that;

- I/We are the legal owners of the property outlined above
- That under the provisions of the ACT(s), Regulations, Codes and planning instruments relating to On-Site Sewage Management Systems, I/we hereby permit a duly-authorized officer of Snowy Monaro Regional Council to enter the land or premises for the following reasons;
 - To carry out inspections required to assess this application or,
 - To determine compliance with an approval
 - I/We understand that it is my/our responsibility to notify all tenants that I/we have granted permission to enter.

Signature	Name	Date
Signature	Name	Date

Report Delivered to:

I request that Council Provide a copy of the report/approval to operate to the person/s listed below (leave blank if NIL)

Office Use ONLY – Please return to the Public Health Team

Authorised Officer Name	Signature
Fee Paid	Receipt No: Date Paid:

For further information or assistance on completing this form please contact Council:

PO Box 714 COOMA NSW 2630 | 1300 345 345 | council@snowymonaro.nsw.gov.au | www.snowymonaro.nsw.gov.au