

Application for Initial Approval to Operate On-Site Sewage 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				
OSSM Approval number (if known):				
Type of Premise	<input type="checkbox"/> Domestic		<input type="checkbox"/> Non-Domestic	
Type of System	<input type="checkbox"/> Septic Tank Trench System	<input type="checkbox"/> Wet Composting	<input type="checkbox"/> Dry Composting	
	<input type="checkbox"/> AWTS	<input type="checkbox"/> Package Plant	<input type="checkbox"/> Other	
Make of System				
Disposal Area (mts):	No. of trenches:	x	mts	= mts
Tank Capacity:		Collection Well (Lts):		
Number of bedrooms in building:		Age of system (if known):		
Number of persons occupying the building:		Number of Toilets:		

Service Details (for OSSM systems requiring periodic inspection and servicing as required by the manufacturers specifications and/or the NSW Department of Health system Approval)	
Please provide details and a copy of the service agreement from your service agent:	
Company / Service Agent:	ABN:
Postal Address:	Phone:

Signature of Applicant		
Signature	Name	Date
Signature	Name	Date

Office Use ONLY			
Authorised Officer Name		Signature	
Approval Number	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

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