

Form | 250.2018.427.3

# Application for Inspection

## On-site Sewage Management System

### Public Health and Environment

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
Postal Address		Mobile
Town	State	Postcode
Email		

#### Property Details

Address of System		
Town	State	Postcode
Lot	Section	DP

#### On-site Sewage Management System Details

Type of Premise	<input type="checkbox"/> Domestic	<input type="checkbox"/> Non-Domestic
Type of System	<input type="checkbox"/> Dry Composting	<input type="checkbox"/> AWTS
	<input type="checkbox"/> Wet Composting	<input type="checkbox"/> Septic Tank & Trench
	<input type="checkbox"/> Other, please specify	
Tank Capacity (Lts)		
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 below. Please include the following on your plan:

<input type="checkbox"/> Access points to the property (gates, roads etc.)	<input type="checkbox"/> Directions of fall of the land
<input type="checkbox"/> North Arrow	<input type="checkbox"/> Location of Buildings
<input type="checkbox"/> Dimensioned clearance from property boundary	<input type="checkbox"/> Location of the treatment system/tanks and disposal fields
<input type="checkbox"/> Length of any absorption trenches	<input type="checkbox"/> Water courses ( rivers, creeks, bores etc)

Site plan diagram – please draw below or as a separate attachment

**Owner Consent, Fees and Permission to Enter**
**Consent of All Owners**

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

**Fees**

I/We understand that an inspection fee will 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.

Owner Signature	Date
Owner Signature	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)

Name	Email
Name	Email

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

Mail: PO Box 714 COOMA NSW 2630

Phone: 1300 345 345

Email: council@snowymonaro.nsw.gov.au

Web: snowymonaro.nsw.gov.au