



**LACHLAN SHIRE COUNCIL**  
 PO Box 216  
 CONDOBOLIN NSW 2877 Telephone (02) 6895 1900

Application No.....
File No.....
Fee.....
Receipt No.....
Date.....

**SEWAGE MANAGEMENT SYSTEM APPLICATION**

*Local Government Act, 1993 Section 68 Part C 6*

APPLICATION TO:

- Register & Operate Existing System
- Install & Operate New System
- Alter & Operate Existing System
- 

**DESCRIPTION OF LAND TO WHICH APPLICATION RELATES**

Street No.....Street..... Locality.....

Lot(s)..... Section..... DP..... Property Name .....

**OWNERSHIP DETAILS**

Owners Name.....

Postal Address.....Postcode.....

Phone.....(H).....(W).....

**OWNERS DECLARATION**

*I/We, the undersigned are the owner(s) of the property described in this application and consent to its lodgement. I/We hereby permit a duly authorised officer of the Lachlan Shire Council to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration of the Act(s), Regulations or Planning Instruments. All owners must sign.*

Signature of Owner(s) ..... Date: .....

..... Date: .....

**APPLICANT DETAILS (Nominate as above if applicant is owner)**

Name.....

Postal Address.....Postcode.....

Phone.....(H).....(W).....

**APPLICANTS DECLARATION (This section MUST be signed by the applicant)**

*Application is hereby made for approval to install/operate/alter (delete not applicable items) a Sewage Management Facility on the land described above. I/We consent to Lachlan Shire Council displaying and copying this application and supporting documentation, including designs, for the purpose of obtaining, where necessary, public comment.*

Signature of Applicant..... Date: .....

**OCCUPIER DETAILS (If not owner and required for access)**

Name.....Phone.....(H).....(W).....

Postal Address.....Postcode.....

Signature.....

**PROPERTY DETAILS** (complete all details)

What is the property size?.....m<sup>2</sup>/ha

How many people live/work in the dwelling?.....Number of Bedrooms.....

What is the water source for the building?.....

Where is the irrigation area or absorption area / trenches?

- Lawn       Landscape Area     Vegetable garden
- Other (specify).....

How far is the on-site sewage system from:

River/Creek.....m    Dam.....m    Bore/Well.....Major Gully system.....m  
 Property boundary.....m    Other sensitive areas (specify).....

Is the disposal site subject to local or river flooding?  Yes       No

What type of soil is the on-site sewage system located on?

- Sand       Loam       Clay       Sandy Loam       Alluvial       Gravel

Other.....

**TYPE OF SYSTEM** (fill in details of proposed or existing system)

- Aerated Waste Treatment System (AWTS)       Cesspit (Pit toilet)
- Septic Tank       Wet Composting Toilet
  - Absorption Trench*       Waterless Composting Toilet
  - Transpiration Area*       Greywater Treatment Device
  - Pumpout*       Other (Please specify).....
  - Unknown*       Other (Please specify).....

Size of Septic Tank..... (litres)

**TYPE OF FIXTURES CONNECTED OR TO BE CONNECTED**

- WC       Laundry Tub       Bath       Basin       Kitchen Sink
- Garbage Grinder     Dish Washer       Urinal       Shower       Other.....

WC flush Capacity     6-3 L       4.25L       9-4L       9-12L

**INSTALLATION DETAILS**

Tradesman Name..... Licence Number.....

Postal Address.....Postcode.....

**CRITERIA OF SYSTEM (HIGH OR LOW RISK)**

Criteria for effluent disposal area	Yes	No
Greater than a Minimum 100m from a river, stream or lake		
Located within Zone Rural 1(a) Lachlan Shire Local Environment Plan 1991		
Allotment is 2 hectares or greater in size		
Greater than a Minimum of 250m up-slope from a bore or domestic water supply		
Does not adjoin wetlands or other identified sensitive areas		
Greater than a Minimum 40m up-slope from a dam or dry gully		
Does not include commercial developments or developments accommodating more than 12 persons		
Greater than a Minimum 12m from an adjoining boundary		
Slope less than 18 degrees		
Proposed site of the OSSMS Not subject to flooding		
Proposed site of the OSSMS Not subject to surface water or stormwater pooling during heavy rain		

If the answer is NO to any **one** of the criteria, then the On-site sewage management system will require a full Geotech report as it is classified as being in a High Risk Category.

**FOR EXISTING SYSTEMS**

Is roofwater diverted away from the disposal area?.....Y/N

**Septic systems**

- How often does the system have maintenance pumpouts?.....
- Is effluent visible at ground surface?.....Y/N

**Aerated Waste Treatment Systems**

Is your AWTS maintained on a quarterly basis by a qualified maintenance firm/individual?  
 Yes                       No

Who maintains your AWTS?  
 Name.....

Address.....Phone.....

Are there warning signs displayed near the irrigation area?  Yes                       No  
 What is the brand and model of your AWTS?.....

What is the AWTS tank capacity?.....

How many sprinklers are there?.....

Are there any leaks ponding or effluent run off in the irrigation area? Please specify.....

Are the irrigation lines fixed/underground?  Yes  No

**PLEASE ATTACH A LOCALITY SKETCH SHOWING LOCATION OF ALL TANK/S, DISPOSAL AREAS & DRAINAGE PIPES (WHERE KNOWN), INDICATING DISTANCE TO HOUSE, BOUNDARIES ETC.**