



**APPLICATION FOR APPROVAL
TO OPERATE A SEWAGE MANAGEMENT SYSTEM**

LOCAL GOVERNMENT (GENERAL) REGULATION 2005

PROPERTY WHERE THE SEWAGE MANAGEMENT SYSTEM IS INSTALLED
House No Lot No D P No
Street Suburb

OWNER (S) DETAILS
Full Name (s)
Mailing Address
Contact Telephone Number

OCCUPIER (S) DETAILS
Full Name (s)
Mailing Address
Contact Telephone

TYPE OF SEWAGE MANAGEMENT SYSTEM

- Primary Septic Tank with Secondary Aerated Treatment and Spray Irrigation
- Primary Septic Tank with Aerated Treatment and Sub-Surface Irrigation
- Septic Tank with Onsite Effluent Disposal by Absorption Trench
- Septic Tank with Effluent Pump-Out
- Composting Toilet with Separate Greywater Management System
- Grey Water Treatment System
- Other/Unknown (please describe).....

Number of Bedrooms in residence: :

OWNER (S) SIGNATURE (S)
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NOMINATED OPERATOR DETAILS
The nominated operator must reside at the property serviced by the sewage management system and is responsible for ensuring that the system does not pose a risk to public health or the environment. Where the owner does not reside at the property the nominated operator is the occupier. **AS NOMINATED OPERATOR THE INFORMATION PROVIDED IN THIS APPLICATION IS AN ACCURATE AND HONEST ASSESSMENT OF THE SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY REFERRED TO IN THE APPLICATION.**

NOTE: SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY RESULT IN THE IMPLEMENTATION OF LEGAL PROCEEDINGS.

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Please print name Signature

**Completed Application Form to be forwarded to:
Central Coast Council, PO Box 21 Gosford, or 49 Mann Street Gosford 2250**