



Warringah Council

Application for Approval to Install an On-site Wastewater Treatment System

(Section 68 of the Local Government Act 1993)

Address the application to:

- The General Manager
Warringah Council
DX 9118 Dee Why
- Customer Service Centre
Warringah Council
Civic Centre, 725 Pittwater Road
Dee Why NSW 2099

If you need help lodging your application:

- Phone our Customer Service Centre on (02) 9942 2111 or;
- Come in and talk to us

To lodge your application:

- Call Council's Quality Checker on 9942 2729 to make an appointment

Office Use Only

June 07

PART 1 Contact Details

| | | | |
|----------------------|--|----------------------|--------------------------------|
| 1. Applicant | Name/company name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Telephone (Hm) | <input type="text"/> | (Wk) <input type="text"/> |
| | Telephone (Mob) | <input type="text"/> | |
| | Signature | <input type="text"/> | |
| 2. Owner | Name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Address of installation if different to above' | <input type="text"/> | |
| | Telephone (Hm) | <input type="text"/> | (Wk) <input type="text"/> |
| | Telephone (Mob) | <input type="text"/> | |
| 3. Installer details | Name/company name | <input type="text"/> | |
| | Address | <input type="text"/> | |
| | Telephone | <input type="text"/> | Facsimile <input type="text"/> |
| | Telephone (mobile) | <input type="text"/> | |
| 4. Plumber details | Name/company name | <input type="text"/> | |
| | Telephone | <input type="text"/> | Facsimile <input type="text"/> |
| | Mobile | <input type="text"/> | |

PART 2 System Type

Type of on-site wastewater management system

Please tick a box

- Aerated wastewater treatment system
- Septic tank
- Greywater treatment system
- Wet/dry composting toilet
- Other please specify
- _____

Type of on-site wastewater disposal system

Please tick a box

- Absorption trench
- Spray irrigation
- Sub-surface irrigation
- Mound system
- Pump-out
- Other please specify
- _____

PART 3 Further Information

Type of premises

Please tick a box

- dwelling
- multi-residential
- commercial
- industrial
- Other please specify
- _____

Fittings to be connected:

Please tick a box

- W.C.
- Bath
- Laundry
- Kitchen Sink
- Other please specify
- _____

Approximate Number of persons
residing in dwelling

Number of bedrooms in dwelling

Tank (s) capacity in litres

Water source:

Please tick a box

- town tank

PART 4 Owner's Declaration

Please sign

I/We undertake to comply with the Local Government Act 1993 and Regulations and amendments, and the Protection of the Environment Operation Act 1997.

I/We have read the explanatory notes for completion of this application contained on the form and understand that if all the required details are not provided, the application may be subject to delay or be rejected as incomplete. I also understand that Council may request more information or clarification to complete this application.

I/We consent to Warringah Council displaying this application and supporting documents for the purpose of obtaining when necessary any public comment.

I/We consent to Council officers entering the above property for the purpose of carrying out inspections on this application.

Signature

Date ____/____/____

PART 5 Methods of Payment

Methods of Payment

Council Customer Service Centre

At the Customer Service Centre in the Council Civic Centre. Payment can be made by cheque, credit card (American Express, Mastercard, Visa only), cash money order or EFTPOS

Payment by Mail -Credit cards accepted

Post the payment slip (on the front of Invoice/Statement at the bottom) with your cheque or credit card details to:

Warringah Council
725 Pittwater Road
Dee Why, NSW 2099

Fax Payment - Credit cards only

Complete the payment slip (below) with your credit card details and fax to:
9942 2606

Office Use Only - Part A*

| | | | |
|---------------|----------------------------|-----------------------|----------------------------|
| Receipt No: | <input type="text"/> | Cashier Type 5300: | <input type="text"/> |
| Property No: | <input type="text"/> | Picked Up: | <input type="text"/> |
| C R No: | <input type="text"/> | Receiving Officer: | <input type="text"/> |
| Notes Number: | <input type="text"/> | Posted: | <input type="text"/> |
| Permit No: | <input type="text"/> | Inspection by: | <input type="text"/> |
| Date: | <input type="text"/> | Spoke to: | <input type="text"/> |
| Level No: | <input type="text"/> | Total Amount Payable: | <input type="text"/> |
| | Rang: <input type="text"/> | Time: | <input type="text"/> pm/am |

***Part A is a universal section, please use applicable boxes only**

Credit Card Details - Council Payment Fax No: 9942 2606

Please charge my: American Express Master Card Visa

Card Number: Expiry Date /

Card Holders Name Amount \$

Signature Phone () daytime

Please note that all Credit Card payments are subject to a 1% service fee.