



# OBERON COUNCIL

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OBERON COUNCIL

## Application for Approval to Operate an On-Site Waste Water Disposal System

(Section 68 – The Local Government Act 1993)

<b>Previous Approval No.</b>		<b>Property File No</b>	
<b>Risk Category</b>		<b>Related Files</b>	

<b>Applicant Details</b>	
Name and Address	
	Postcode
Contact No.	Telephone (H) _____ (W) _____
	Fax _____ Mobile _____
<b>Subject Land Details</b>	
Lot and DP Description	
Rural Address Description	
Assessment and Parcel Number	
Buildings served by sewage treatment device ( <i>such as dwelling, shed, toilet block etc</i> )	

### 2. TYPE OF SYSTEM

Septic Tank Y/N	Size ..... Litres      Baffle Y/N
Absorption Trench Y/N	Width ..... mm      Depth .....mm      Length .....m
Aerated Treatment Y/N	Brand ..... Maintenance Contractor .....
Other system Y/N ( <i>such as cesspit, composting toilets etc</i> )	Details .....

Who designed the system? .....

When was the system installed (*approx*)? .....

Licensed Drainers Name .....

Was the system designed and installed in accordance with AS1547? Y/N



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**3. ABSORPTION TRENCH OR OTHER DISPOSAL SYSTEM DETAILS AND PERFORMANCE REPORT AS AT .... / .... / .....**

**Please Note: All applicants with on-site disposal MUST complete this part. The owner prior to answering the questions must inspect the septic tank and the disposal area, (such as absorption trenches or irrigation fields).**

Are there, or have there been, ground surface discharges of effluent? Y/N If yes, supply full details:

.....  
.....  
.....

Are natural surface water flows diverted from the disposal area? Y/N If yes, how?

.....  
.....  
.....

Is the disposal area located within 100 metres of a bed or bank of a dam, river stream, creek or other water body? Y/N If yes, supply full details:

.....  
.....  
.....

Does the ground surface within the vicinity of the disposal area have a slope of greater than 1 vertical in 3 horizontal (18°)? Y/N

I hereby make application for approval to operate an on-site sewage treatment device on my premises. I understand that an authorised Council officer can inspect my premises as necessary to determine this application.

Signed .....

Owner .....  
*Please note: All owners MUST sign. If a Company, please affix company stamp.*

Date .....

Fees \$.....

*Please attach additional information and/or site plan if required.*

**Privacy and Personal Information Act 1998**

The personal information provided on this form is collected by Oberon Council for the purposes of processing this application by Council employees and other authorised persons. If you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. The intended recipients of the information are: staff, Councillors, data service providers, or agents (such as consultants), the public (as permitted by legislation such as section 12 of the Local Government Act) and details may be displayed on the Council internet site. This form will be stored within Council's Record Management System and may be available for public access and/or disclosure under various New South Wales Government legislation. This use and disclosure will be in accordance with the Information Protection Principles and Public Register provisions of the Privacy Code of Practice for Local Government. You may request access to or amendment to personal information held by Council. You may request that Council suppress your personal information from a public register if your safety or well being are affected. For further information please contact Oberon Council's Privacy Contact Officer