

BELLINGEN SHIRE COUNCIL

P O Box 117
BELLINGEN 2454

Parcel Id No: _____
Name: _____
Address: _____
Town: _____

- I wish to make Application to operate an on-site sewage management system pursuant to Local Government Act 1993, Section 68 (Part F10)

Name of Operator: _____

➤ **DESCRIPTION OF SYSTEM - (Please tick a box)**

- Septic Tank Aerated tank Compost Toilet
 Greywater Other

Please describe any special features of the system:

➤ **USUAL NUMBER OF RESIDENTS** – _____

➤ **KNOWN PROBLEMS** - List any known problems, such as broken drains, effluent surcharge etc:

➤ **PREVIOUS MAINTENANCE** – List any previous repairs, maintenance, pumpouts, etc:

➤ **EXISTING WATER CONSERVATION MEASURES** – List any water conservation measures:

➤ **SPECIAL REQUIREMENTS FOR ACCESS** – Eg locked gates, dogs, alarms, phone first:

I/We _____ of _____
being the owner/s of the land to which this application relates, hereby consent to the making of this application and hereby grant consent to Council power of entry to carry out inspections in relation to any land or building to which this application relates.

SIGNATURE OF ALL OWNERS

DATE

OFFICE USE ONLY:

Date Received: _____

Receipt No: _____

Amount: \$ _____