



## **LOCAL GOVERNMENT (S.68) APPLICATION**

### **APPLICATION FOR AN APPROVAL TO OPERATE (ATO) AN EXISTING ONSITE SEWAGE MANAGEMENT SYSTEMS (OSMS)**

It is a New South Wales legislated requirement that all On-Site Sewage Management Systems (OSMS) have an Approval to Operate (ATO) issued by Council regardless of the type or age of the system. This means that every property owner with an OSMS must ensure that they have a current ATO.

Use this form to apply for consent of a section 68 activity under the local Government Act 1993. A list of the relevant activities that are covered using this form are listed below:

#### **Part C: Management of Waste**

- Operate a system of sewage management.

#### **1. APPLICATION DETAILS (refer to current fees and charges for costings)**

<input type="checkbox"/>	Approval To Operate (ATO) Certificate
<input type="checkbox"/>	Approval To Operate (ATO) Urgent Certificate - (Issued within 3 working days of payment) *

\* For urgent requests, once submitted phone Council to ensure form is received. You can then make payment, and an inspection time will be arranged.

#### **2. APPLICANT DETAILS**

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Given Name (s)		<input type="text"/>							
Surname		<input type="text"/>							
Postal Address		<input type="text"/>							
Contact Number		<input type="text"/>							
Contact Email		<input type="text"/>							

#### **3. PROPERTY DETAILS**

Lot No./s	<input type="text"/>	Section No.	<input type="text"/>	DP/SP No.	<input type="text"/>
House Number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			Postcode	<input type="text"/>

**4. OWNER DETAILS (all owners of the property must be provided)**

Mr		Mrs		Ms		Miss		Other:	
Given Name(s)									
Surname									
Postal Address									
Contact Number									
Contact Email									

Mr		Mrs		Ms		Miss		Other:	
Given Name(s)									
Surname									
Postal Address									
Contact Number									
Contact Email									

Mr		Mrs		Ms		Miss		Other:	
Given Name(s)									
Surname									
Postal Address									
Contact Number									
Contact Email									

Mr		Mrs		Ms		Miss		Other:	
Given Name(s)									
Surname									
Postal Address									
Contact Number									
Contact Email									

**5. SYSTEM DETAILS**

	How many systems are you seeking approval for?
Type of system/s (tick all that apply)	
<input type="checkbox"/>	Aerated Wastewater Treatment System with reed beds and irrigation area
<input type="checkbox"/>	Aerated Wastewater Treatment System with irrigation area

	Aerated Wastewater Treatment System with absorption trenches
	Septic tank and absorption trenches
	Septic tank with reed beds and absorption trenches
	Other (please specify):

**6. CONNECTION DETAILS**

	Number of persons living in the household/building
	Number of bedrooms in the building
	Town water supply
	On-site water supply (rainwater, bore, dam, other)

**7. ACCESS DETAILS** (indicate any difficulties with access for the purposes of an inspection)

	Locked gates
	Dangerous Animals
	Other:

**8. LOCATION DETAILS** (describe and/or draw the location and access of the system(s))

**9. ATTACHMENTS**

	For Aerated Wastewater Treatment Systems (AWTS) - attach a copy of the last service report from your service agent contractor (if you have not already submitted this to Council previously).
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**10. APPLICANT SIGNATURE**

This form may be submitted on behalf of the owner by another party; however, the form MUST have been signed by all the owner(s) of the property prior to submission.

Signature of applicant		Date	
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**11. OWNER SIGNATURE(S)**

I/We own the subject land and consent to Council officers entering the premises for the purpose of carrying out inspections in conjunction with this application, without first giving written notice.

Name of Owner			
Signature of Owner		Date	

Name of Owner			
Signature of Owner		Date	

Name of Owner			
Signature of Owner		Date	

Name of Owner			
Signature of Owner		Date	

**12. ISSUING OF ATO (please tick how would like to receive the ATO certificate)**

<input type="checkbox"/>	Post	<input type="checkbox"/>	Email
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You can submit this application form to Council by emailing it to [council@bellingen.nsw.gov.au](mailto:council@bellingen.nsw.gov.au) or bringing it into our Council Administration Building.

**Privacy Statement**

Bellingen Shire Council (Council) is committed to protecting your privacy and takes reasonable steps to comply with all relevant legislation, including the *Privacy and Personal Information Protection Act 1998*.

The personal information requested on this form will only be used to fulfil the purpose for which it is being collected as described on this form.

The supply of information by you is voluntary, but if you cannot, or do not wish to, provide the information sought, we may not be able to process your application.

**OFFICE USE ONLY****13. FEE DETAILS**

Description	Account Numbers	Amount

**14. PAYMENT DETAILS**

Amount Paid:		Date paid:		Receipt Number	
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