

Postal Address: General Manager PO Box 61 GLEN INNES NSW 2370 Phone: (02) 6730 2350 Fax: (02) 6732 3764 Email: council@gisc.nsw.gov .au

## S.68 Application - Water, Sewer, Stormwater & On-Site Sewage Management System

## Activities under Parts B & C Under the Approvals Table S.68 of the Local Government Act 1993

Office Use Only						
Certificate No. :		Applicable Fees :		005		
Assessment No :		Cashiers Initials :				
Receipt Number :		Date of Receipt :				

## All associated fees are listed in Council's current Operational Plan.

**Privacy Notification:** In completing this form you will be prompted to supply information that is personal information this information is collected under the *Privacy and Personal Information Act 1998*. The supply of this information is voluntary. If you cannot provide, or do not wish to provide, the information sought Council may be unable to process your request. Council requires the provision of the owner/s name and address with signature/s to verify owner/s permission for the lodgment of this Application. Glen Innes Severn Council is required under the Privacy and Personal Information Act 1998 to inform you about how your personal information is being collected and used. If you require further information please contact Council's Department of Development, Planning and Regulatory Services on (02) 6730 2350.

APPLICANT'S DETAILS

☐ Indicates to please tick (where appropriate).

Titl	e:	□ Mr	□ Mrs	☐ Miss	□ Ms	☐ Other	
Na	me:						
Add	Address:						
Мо	Mobile: Home:						
Em	Email: Fax:						
1.	I/we a	pply for consen	t to carry out the activity	//development describ	ed in this application	١.	
2.	2. I/we consent to Council copying this application, and any supporting materials, for the purpose of obtaining public comment.						
3.	3. I/we declare that all the information is true and correct. I/we also understand that if the information submitted with this application is incomplete the application may be delayed or rejected, or more information may be requested.						
4.	4. I/we acknowledge that if the information provided is misleading any approval granted may be void.						
5.	5. I/we accept that council cannot be held liable for delays in processing arising out of inadequacies in the material submitted in support of this application.						
6.	6. I/we further agree to undertake to pay any fee, charge or contribution associated with the activity/development as per Council's current Operational Plan.						
7.	7. I/we agree to pay additional fees if a re-inspection is required as per the result of work being incomplete or defective or for any inspections additional to those listed on the schedule where the schedule inspections require more than a single visit.						
8.	8. Council is authorised to enter the property for the purpose of carrying out inspections and to take photographs or samples in relation to the exercising of its powers under the relevant Acts, Regulations and Policies. Council is indemnified against any claims that may arise from the entry and carrying out of such functions.						
9.	At least 48 hours' notice will be given to Council of any required inspections.						
10.	<ol> <li>Work Health &amp; Safety Acts and Regulations and related safety codes of practice are adhered to. Persons in control of the site recognise their duty of care under the WHS Act in regard to the safety of persons at the worksite, those visiting and public near to the site.</li> </ol>						
11.	11. All correspondence relating to this application will be sent to the address above and any contact with Council Officer is limited to the applicant unless permission is otherwise given.						
Sig	ınature:				Date:		

OWNER/S CONSENT					
Name/s Compa	nov.				
Addres	ss:				
Mobile:		Home:			
Email:		Fax:			
Signatu	ure/s:	Date:			
Crown	Land: Yes / No (please circle)	Please attach Authority (letter of consent)			
	IN	STALLATION COMPANY			
Name/s Compa	ייייייייייייייייייייייייייייייייייייייי				
Addres	s:				
Mobile:		Home:			
Email:		Fax:			
Signatu	ure/s:	Date:			
Plumbers License Number:					
Plumbe	ers License Number:				
Plumbe		OPERTY IDENTIFICATION			
	PR				
Lot:	PRO Section:	OPERTY IDENTIFICATION			
Lot:	PRO Section: No: Street:	OPERTY IDENTIFICATION  DP:			
Lot:	PRO Section: No: Street:	OPERTY IDENTIFICATION  DP:  Town:  ate, Dogs, etc):			
Lot: Street I Special	Section:  No: Street:  I Access Requirements (eg. Locked Ga	OPERTY IDENTIFICATION  DP:  Town:			
Lot: Street I Special	Section:  No: Street:  I Access Requirements (eg. Locked Gallowing Part contains a list that indicate	OPERTY IDENTIFICATION  DP:  Town:  ate, Dogs, etc):			
Lot: Street I Special  Each for	Section:  No: Street:  I Access Requirements (eg. Locked Gallowing Part contains a list that indicate	OPERTY IDENTIFICATION  DP: Town: ate, Dogs, etc):  APPROVALS es the minimum required additional information that must be provided.			
Lot: Street I Special  Each for PART I	Section:  No: Street:  I Access Requirements (eg. Locked Gallowing Part contains a list that indicate  B (Water supply, Sewerage and Stor	DP: Town:  ate, Dogs, etc):  APPROVALS  es the minimum required additional information that must be provided.  rmwater [All Applicable Proposed Developments]): (Provide details in Part 2)			
Lot: Street I Special  Each for PART I  Cal	Section:  No: Street:  I Access Requirements (eg. Locked Gallowing Part contains a list that indicate  B (Water supply, Sewerage and Stor	DP: Town:  ate, Dogs, etc):  APPROVALS  es the minimum required additional information that must be provided.  rmwater [All Applicable Proposed Developments]): (Provide details in Part 2)  Carry out sewerage work  rks will result in an impact on a Council Maintained system).			
Lot: Street I Special  Each for PART I Cal PART O	Section:  No: Street:  I Access Requirements (eg. Locked Gallowing Part contains a list that indicate  B (Water supply, Sewerage and Stor  rry out water supply work  rryout stormwater drainage work (if work  C (On-Site Sewage Management (OS)	DP: Town:  ate, Dogs, etc):  APPROVALS  es the minimum required additional information that must be provided.  rmwater [All Applicable Proposed Developments]): (Provide details in Part 2)  Carry out sewerage work  rks will result in an impact on a Council Maintained system).			

				PA	RT 1			
	New OSSM System ☐ F	•	ng/Alte	ring an existii	ng OSSM sy	stem 🗆	Adding a	an additional OSSM system
_	operty Size:			4000 0000	2	_		2 2
	<1000m <sup>2</sup>			1000-2000m	] <del>*</del>		>2000	Jm²
Pro	operty Use:							
	Residential			Commercial	/Industrial		Other	•
If F	Residential Use:							
	No. of Bedrooms:	<b>Note:</b> Ar	y enclo	sable room that	can be used	as a bedroom i	must be co	ounted (i.e. Studies, Offices).
Ту	pe of Waste:							
	Human			Trade Waste	)		Other	•
Wa	ater Supply:							
	Town Mains			Tank			Dam/	River/Creek/Bore
_	pe of Treatment System:	a.m.t. ()a		ANA/TON	- Contin	Toul		Commonting Tailet
	Aerated Wastewater Treatm	ent Sys	stem ( <i>F</i>	40015)	□ Septic			Composting Toilet
	Pit Toilet (Dry / Wet / VIP)					cal Toilet		Wet Composting System
	Other *:							
Ta	nk Capacity:							
	Tank 1:			Tank 2:			Tank 3	3:
Method of Disposal:								
	Surface Irrigation (AWTS)		Subsu	rface Irrigatio	n (AWTS)			Trenches
	Raised Mound *		Comm	on Effluent S	ystem (Deep	owater ONL	<b>′</b> ) □	Sand/Media Filter *
	Other *:							
* A Wastewater Consultant design report is required for these types of methods.								
Distance to Water Nearest Body / Course:								
Riv	ver / Creek etc.		Mi	nimum Distan	ice is require	ed to be:	100m	
Da	m / Bore / Well etc.		Mi	nimum Distan	ice is require	ed to be:	40m	
Required Information:								
□ Site Plan (showing the location of proposed tank, all plumbing and drainage lines, effluent disposal area, alternative disposal area and proposed area for Pit Toilet relocation over time as required. Property/Lot dimensions and setback dimensions and locations of soil test holes)								
	☐ Floor Plan (showing the layout of each floor of the building, each room is to be identified as to its purpose including room dimensions)							
☐ Manufactures specifications of the proposed tank/s and operation, maintenance and service arrangements.								
□ Accreditation Certificate for the proposed tank as a sewage management facility by NSW Health.								
□ Site and/or Soil Evaluation Report - Undertaken by a Suitably Qualified Person.								
Additional Information for Existing Systems:								
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `							
	Manufacturer's Specifications of the installed tank.							

PART 2				
Property Size:				
□ <1000m²	□ 1000-2000m²	□ >2000m²		
Property Use:				
□ Residential	□ Commercial/Industrial	□ Other:		
Type of Waste:				
□ Human	□ Trade Waste	□ Other:		
NOTE: If you are installing an OSSM system please also complete Part 1.				
Required Information:				
□ Site Plan (showing all proposed drainage lines, additional structures to be connected to the proposed lines and location of connection points of all drainage to any Council Maintained system)				
□ <b>For Trade Waste Applications</b> Please contact Council's Infrastructure Department on (02) 6730 2371 for any further information that may be required.				