



# APPLICATION TO OPERATE, INSTALL/CONSTRUCT AND/OR ALTER SEWAGE MANAGEMENT FACILITY

Under Section 68 Part C of the Local Government Act , 1993

|         |             |                 |
|---------|-------------|-----------------|
| FILE NO | PROPERTY NO | DATE RECEIPTED: |
|---------|-------------|-----------------|

## TYPES OF APPROVAL SOUGHT – Please indicate by 'X'

|                |                          |              |
|----------------|--------------------------|--------------|
| <b>OPERATE</b> | <b>INSTALL/CONSTRUCT</b> | <b>ALTER</b> |
|----------------|--------------------------|--------------|

## 1. OWNERSHIP/OPERATOR AND APPLICANT DETAILS

|  |  |        |  |                        |  |
|--|--|--------|--|------------------------|--|
| <b>1. OWNERSHIP/OPERATOR AND APPLICANT DETAILS</b> |  |        |  | OFFICE USE ONLY        |  |
| Owner's Name                                       |  |        |  |                        |  |
| Postal Address                                     |  |        |  |                        |  |
|  |  |        |  | Post Code              |  |
| Phone  |  | Mobile |  |                        |  |
| Applicants Name                                    |  |        |  |                        |  |
| Postal Address                                     |  |        |  | Email                  |  |
|  |  |        |  | Postcode               |  |
| Phone  |  | Fax    |  | Company Contact Person |  |

## 2. DESCRIPTION OF LAND TO WHICH APPLICATION RELATES

|            |  |            |  |                    |      |
|------------|--|------------|--|--------------------|------|
| Street No. |  | Street     |  | Suburb             |      |
| Lot(s)     |  | Section    |  | Deposited Plan(DP) |      |
| Parish     |  | Dimensions |  |                    | Area |
| Zoning     |  |            |  |                    |      |

## 3. NAME OF PERSON/COMPANY WHO WILL INSTALL THE SYSTEM

### SEWAGE MANAGEMENT FACILITY I.E. SEPTIC TANK/AWTS ETC.

|         |  |             |  |
|---------|--|-------------|--|
| Name    |  | Phone       |  |
| Address |  | Licence No. |  |
|         |  | Postcode    |  |

### EFFLUENT DISPOSAL SYSTEM

|         |  |             |  |
|---------|--|-------------|--|
| Name    |  | Phone       |  |
| Address |  | Licence No. |  |
|         |  | Postcode    |  |

### SANITARY DRAINAGE LINES (Must be Licensed Plumber/Drainer)

|         |  |             |  |
|---------|--|-------------|--|
| Name    |  | Phone       |  |
| Address |  | Licence No. |  |
|         |  | Postcode    |  |

### WHO WILL BE APPLYING FOR THE APPROVAL TO OPERATE A SEWAGE MANAGEMENT SYSTEM?

|         |  |          |  |
|---------|--|----------|--|
| Name    |  | Phone    |  |
| Address |  |          |  |
|         |  | Postcode |  |

|  |     |    |  |
|--|-----|----|--|
| <b>Has this application been submitted in conjunction with any other Approval Application?</b> | YES | NO |  |
|--|-----|----|--|

|                              |  |
|------------------------------|--|
| If "Yes" provide D.A. Number |  |
|------------------------------|--|

#### 4. DETAILS OF PROPOSED SEWAGE MANAGEMENT FACILITY

|  |      |                       |                   |
|--|------|-----------------------|-------------------|
| Septic Tank  | Type | Capacity              | Litres            |
| Collection Well (If applicable)                      | Type | Capacity              | Litres            |
| Aerated Waste Water Treatment System                 | Type | Designed for Capacity | persons<br>Litres |
| Wet Weather Storage Tank (if applicable)             | Type | Capacity              | Litres            |
| Composting Toilet                                    | Type | Designed for          | persons           |
| Duel System i.e. composting/septic (provide details) |      |                       |                   |
| Other (provide details)                              |      |                       |                   |
| If SMF incorporates pump, provide details            | Type | Capacity              | Litres            |

#### 5. WHAT TYPE OF EFFLUENT APPLICATION IS PROPOSED?

|  |  |                               |
|--|--|-------------------------------|
| Effluent Application Area  | Subsurface Irrigation Dimensions                 | m <sup>2</sup>                |
| <i>Note: Council is encouraging the use of subsurface irrigation systems</i>   |  | Surface Irrigation Dimensions |
|  | .....width (m) x .....depth (m)x .....length (m) | m <sup>2</sup>                |
| Evapotranspiration Area  | .....width (m) x .....depth (m)x .....length (m) |                               |
| Absorbtion Trench  | .....width (m) x .....depth (m)x .....length (m) |                               |
| Pump Out/Tanker Disposal (provide details of contractor)   |  |                               |
| Pump to Sewer ( <i>Evidence that satisfactory arrangements have been made with the Hunter Water Corporation is required to be submitted, with this application</i> ) |  |                               |
| Other (provide details)  |  |                               |

|   |     |  |    |  |
|---|-----|--|----|--|
| Is it proposed to re-use resources produced by this Sewage Management Facility i.e. nutrients, organic matter, water? | YES |  | NO |  |
| If "Yes" provide details  |     |  |    |  |

|  |     |  |    |  |
|--|-----|--|----|--|
| Is it proposed to incorporate flow control devices in the building to reduce hydraulic load? | YES |  | NO |  |
| If "Yes" provide details   |     |  |    |  |

#### 6. RESIDENTIAL BUILDINGS

**DESIGN CRITERIA DETAILS - Select the Appropriate classification below and provide the information required.**

|  |  |  |          |  |
|--|--|--|----------|--|
| Is this Sewage Management Facility to service a new or existing residential building(s)? | NEW  |  | EXISTING |  |
| <ul style="list-style-type: none"> <li>• <b>Single Dwelling</b></li> </ul>               | Number of bedrooms   |  |          |  |
|  | What is the source of water supply (i.e. town/tank)              |  |          |  |
| <ul style="list-style-type: none"> <li>• <b>Dual Occupancy</b></li> </ul>                | Number of bedrooms   |  |          |  |
|  | What is the source of water supply (i.e. town/tank)              |  |          |  |
| <ul style="list-style-type: none"> <li>• <b>Tourist Cabin(s)</b></li> </ul>              | Number of cabins   |  |          |  |
|  | Number of bedrooms in each cabin                                 |  |          |  |
|  | Details of washing facilities to be provided                     |  |          |  |
|  | Is a separate Sewage Management Facility provided to each cabin? |  |          |  |

#### 7. COMMERCIAL / INDUSTRIAL / OTHER BUILDING (S) – See Note (ii)

|  |      |  |                |
|--|------|--|----------------|
| Description of building(s)                         |      |  |                |
|  |      | Floor Area   | m <sup>2</sup> |
| Provide details of type of sewage to be treated.   |      |  |                |
| Maximum Number of persons using facilities per day |      |  |                |
| Estimated amount of sewage produced per day        |      | Litres   |                |
| Note:  | (i)  | The information required by Part 8 must also be submitted with this application.                           |                |
|  | (ii) | Commercial and Industrial sewage Management Facility may require Environment Protection Authority Approval |                |

## 8. REQUIRED ATTACHMENTS / INFORMATION

Council is required to consider this application in accordance with provisions of the Local Government (Approvals) Regulation, 1993. An application for approval to install, construct or alter a Sewage Management Facility must be accompanied by the following documents:

- 1) Three (3) copies of a plan, drawn to scale, showing the location of:
  - (a) the Sewage Management Facility proposed to be installed/constructed on the premises;
  - (b) and any related effluent application areas;
  - (c) and any building or facilities existing on, and in any environmentally sensitive areas of, any land within 100 metres of the Sewage Management Facility or effluent application areas
  - (d) and a floor plan of the building showing drainage line details. ie. Location of pipe work, inspection openings, vent pipes, etc.
  
- 2) Three (3) copies of full specifications of the Sewage Management Facility proposed to be installed or constructed on the premises concerned.
  
- 3) The application must be accompanied by details of the topography, soil composition and vegetation of any effluent application areas related to the Sewage Management Facility together with an assessment of the site in the light of those details.
  
- 4) The application must be accompanied by a statement of:
  - (a) the number of persons residing or probable number of persons to reside on the premises;
  - (b) and such other factors as are relevant to the capacity of the proposed Sewage Management Facility.
  
- 5) The application must be accompanied by details of:
  - (a) the operation and maintenance requirements for the proposed sewage management facility;
  - (b) the proposed operation, maintenance and servicing arrangements intended to meet those requirements;
  - (c) and the action to be taken in the event of a breakdown in, or other interference with, its operation.

## 9. OWNER'S CONSENT *Must be completed by owner(s)*

|  |                        |   |              |
|--|------------------------|---|--------------|
| Owner's Name   |                        | Address   |              |
|  |                        | Post Code   | Phone No     |
| I/we the undersigned, are the owner/s of the property described in this application and consent to its lodgement. Application is hereby made for approval to operate a Sewage Management Facility on the premises described in this application. I/we, hereby permit a duly authorised officer(s) or contractor(s) of the Maitland City Council to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration of the Act(s), Regulations or Planning Instrument.   |                        | In the case of a company or trust, minimum two directors' signatures required. In the case of sole director please state 'sole director' when signing. In the case of a strata development, the strata manager must sign. |              |
| Signature(s)   |                        |   |              |
| Date   | (All owners must sign) | (eg power of attorney, executor, trustee, sole director, company director)  |              |
| <p><b>Privacy Statement:</b> Maitland City Council complies with the Privacy Code of Practice for Local Government in dealing with all personal information that is required to be supplied when an applicant completes this application. However, some of the personal information which is set out in this form will become part of the public record which Council is required to keep pursuant to the Local Government and Environmental Planning and Assessment Acts. This information may be divulged to others in accordance with the provisions of those Acts. Furthermore, Council may be required to divulge some personal information pursuant to the Freedom of Information Act.</p> |                        |   |              |
| Fees   |                        | Receipt No  | Receipt Date |

## DISCLOSURE STATEMENT OF POLITICAL DONATIONS AND GIFTS LODGEMENT OF DEVELOPMENT APPLICATION

### Requirement Under Section 147(4) of the Environmental Planning & Assessment Act 1979

A disclosure statement of a reportable political donation or gift must accompany a planning application or submission if the reportable donation or gift is made within 2 years before the application or submission is made. If the donation or gift is made after the lodgement of the application a disclosure statement must be sent to the relevant consent or approval authority within 7 days after the donation or gift is made.

**I/we have not made a reportable political donation or gift within 2 years prior to the date this application/submission was made**

|   |   |
|---|---|
| <b>Name of the person/company making donation or gift</b>                 |   |
| <b>Residential address or registered /official office address</b>         |   |
| <b>ABN if not an individual</b>   |   |
| <b>Address of the Development Proposal</b>                                |   |
| <b>Date application lodged</b>  |   |
| <b>Consent or Approval Authority</b>                                      | Maitland City Council   |
| <b>Person's interest in the application</b><br>(pls tick appropriate box) | Applicant <input type="checkbox"/><br>Person with financial interest <input type="checkbox"/><br>Explain:.....<br>Person making submission in opposition <input type="checkbox"/><br>Person making submission in support <input type="checkbox"/> |
| <b>Name of the Person to Benefit From the Donation</b>                    |   |
| <b>Date of the Donation</b>   |   |
| <b>Amount of the Donation*</b>  |   |
| <b>Name of the Person to Whom Gift is Made</b>                            |   |
| <b>Date Gift Made</b>   |   |
| <b>Amount or Value of Gift*</b>   |   |

By signing below I/we declare that all information contained within this statement is accurate at the time of signing

Signature(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

- \* A *reportable political donation* is a donation of
- \$1,000 or more made to or for the benefit of the party, elected member, group or candidate; or
  - \$1,000 or more made by a major political donor to or for the benefit of a party, elected member, group or candidate or made to the major political donor; or
  - Less than \$1,000 if the aggregated total of the donations made by the entity or person to the same party, elected member, group, candidate or person within the same financial year (ending 30 June) is \$1,000 or more.

A glossary of terms/definitions is available on Maitland City Council's website [www.maitland.nsw.gov.au](http://www.maitland.nsw.gov.au) or the Department of Planning website [www.planning.nsw.gov.au](http://www.planning.nsw.gov.au)