



Application for Onsite Wastewater Management System

Office Use Only
File No.:
App No.:
Assess No.: A.....

I hereby apply for permission to INSTALL / ALTER an onsite wastewater management system

Property Address	No.:	Lot No.:	PS / LP:
	Street:		Locality:
	Description of site (i.e. distance to nearest road intersection, access - locked gate, key available, pin code, etc.)		

Owner	Name:		
	Address:		
	Phone:	E-mail:	

Applicant	Name:	Registration No.:
	Address:	
	Phone:	E-mail:

Contractor / Drainer	Name:	Registration No.:
	Address:	
	Phone:	E-mail:

Plumber	Name:	Registration No.:
	Address:	
	Phone:	E-mail:

Type of premise: <input type="checkbox"/> House <input type="checkbox"/> Holiday House <input type="checkbox"/> Other:	Is reticulated water available? Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of persons expected to use system:	No. of bedrooms:
Number of water closets and other fixtures to be connected to the system: ___ Water closets ___ Bath ___ Basins ___ Sinks ___ Troughs ___ Showers	
Type of system and/or process proposed: <input type="checkbox"/> Septic Tank - subsoil proposal <input type="checkbox"/> Package Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Worm Farm <input type="checkbox"/> Other: _____ <input type="checkbox"/> Certificate of Conformity lodged	
Method of effluent disposal: <input type="checkbox"/> Subsoil on-site - slotted pipe - length _____ m X width 0. _____ m <input type="checkbox"/> Subsurface on-site irrigation _____ m ² <input type="checkbox"/> Re-use of waste waters <input type="checkbox"/> Other EPA Approved method : _____	
Liquid capabilities of septic tank, chambers or pump wells in litres (L):	
Land Capability Report provided by:	Edis Risk: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Rating: _____

IMPORTANT: A plan detailing the proposal, an LCA and fee must accompany this application.

I certify that to the best of my knowledge all information contained in this application is true and correct:

Applicants signature: _____ Date: ____/____/____
 (Owner / Authorised Agent)

OFFICE USE:	Fee Paid: \$ _____	Receipt No.: _____	Date: ____/____/____
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