

**APPLICATION FOR APPROVAL  
TO OPERATE A SEWAGE MANAGEMENT SYSTEM**

LOCAL GOVERNMENT (GENERAL) REGULATION 2005



**PROPERTY WHERE THE SEWAGE MANAGEMENT SYSTEM IS INSTALLED**

House No ..... Lot No ..... D P No .....  
Street ..... Suburb .....

**OWNER (S) DETAILS**

Full Name (s) .....  
Mailing Address .....  
Contact Telephone Number .....

**OCCUPIER (S) DETAILS**

Full Name (s) .....  
Mailing Address .....  
Contact Telephone .....

**TYPE OF SEWAGE MANAGEMENT SYSTEM**

- Primary Septic Tank with Secondary Aerated Treatment and Spray Irrigation
- Primary Septic Tank with Aerated Treatment and Sub-Surface Irrigation
- Septic Tank with Onsite Effluent Disposal by Absorption Trench
- Septic Tank with Effluent Pump-Out
- Composting Toilet with Separate Greywater Management System
- Grey Water Treatment System
- Other/Unknown (please describe).....

Number of Bedrooms in residence: : .....

**OWNER (S) SIGNATURE (S)**

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**NOMINATED OPERATOR DETAILS**

The nominated operator must reside at the property serviced by the sewage management system and is responsible for ensuring that the system does not pose a risk to public health or the environment. Where the owner does not reside at the property the nominated operator is the occupier. **AS NOMINATED OPERATOR THE INFORMATION PROVIDED IN THIS APPLICATION IS AN ACCURATE AND HONEST ASSESSMENT OF THE SEWAGE MANAGEMENT SYSTEM ON THE PROPERTY REFERRED TO IN THE APPLICATION.**

**NOTE: SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY RESULT IN THE IMPLEMENTATION OF LEGAL PROCEEDINGS.**

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Please print name ..... Signature .....

**Completed Application Form to be forwarded to:  
Central Coast Council, PO Box 21 Gosford, or 49 Mann Street Gosford 2250**