

Lithgow City Council

180 Mort Street Lithgow NSW 2790

Telephone (02) 63549999

Postal Address: PO Box 19 Lithgow NSW 2790 Fax: (02) 63512927

OFFICE USE ONLY

REGISTRATION NO.

FILE/PROPERTY NO.

ON SITE SEWERAGE MANAGEMENT APPLICATION

made under the *Local Government Act 1993* Section 68

Applicant Details

Name:

Postal Address:

Postcode:

Contact No. (Telephone): (Fax): (Email):

Owner Details

Name:

Address: Postcode:

Contact No. (Telephone): (Fax): (Email):

Previous Owner's Name/s : If purchased within last 3-4 months:

Consent of all Owner(s)

As the owner(s) of the subject property, I/we consent to this application (see note 3)

I hereby authorise Council the Power of Entry to carry out inspections in relation to this application.

Signature(s)

Name(s)

Installer Details

Name Phone

Address

Subject Land Details

Address:

Lot No/DP/Portion, etc:

Premises (State whether dwelling(s), shop(s), flat(s), factory, etc)

Required details:

Wastes to be connected: WC and

Number of persons:

WC Flush Capacity: Septic Tank Capacity:

Collection Well Capacity: Aerated Septic Tank Brand:

Source of water supply:

To be Submitted with the Application:

- 1 AT LEAST 3 COPIES OF THE MANUFACTURERS DETAIL OF THE SEPTIC TANK
- 2 SITE PLAN IS TO BE INCLUDED WITH THIS APPLICATION
- 3 A GEOTECHNICAL/WATER BALANCE REPORT MUST BE SUBMITTED WITH THE COMBINED DEVELOPMENT APPLICATION/CONSTRUCTION CERTIFICATE APPLICATION UNLESS PREVIOUSLY SUBMITTED WITH THE DEVELOPMENT APPLICATION

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.

OFFICE USE ONLY

Date:

Septic Tank Application :\$. 231.00 (138211000-6320) Receipt:

TOTAL:

