

ON SITE SEWAGE MANAGEMENT SYSTEM CHANGE OF OWNERSHIP APPLICATION

PROPERTY DETAILS

Street No: Street Name:

Suburb or Town State Postcode

Lot No. Section No. (If Applicable) DP No.

OWNERS DETAILS

Name: (Full Name Required)

Street No: Street Name:

Suburb or Town State Postcode

Daytime telephone Fax Mobile

Previous Owners Name:

DETAILS OF SYSTEM

(Please tick ✓ whichever is applicable, if known)

1. Is your system a "Septic System"? Yes ☐ No ☐

If **Yes**, is it either an: Absorption trench ☐ Aerated system ☐ Transpiration area ☐ Pump Out ☐

Is your tank: circular ☐ or rectangular ☐ Approx. Liquid Capacity: _____ litres or _____ gallons

2. **Or** is your system a: composting unit ☐ or a pit (longdrop) ☐

3. Approximate Age of system: **0 - 5 years** ☐ **6 - 15 years** ☐ **16 years & Over** ☐

4. Number of people residing at this address _____

5. Where does your water supply come from? *(Please tick ✓ whichever is applicable)*

Tank ☐ Bore ☐ Reticulated - Town Water Supply ☐ Dam ☐ River *(Please Name)* ☐

6. If you have a septic, are other wastes connected to the system? *(Please tick ✓ whichever is applicable)*

Bath ☐ Laundry Tub ☐ Basin ☐ Shower ☐ Kitchen ☐ Dishwasher ☐

Soil Type *(Please tick ✓ soil type, if known)*

Soil Type	Red	Black	Brown	Clay	Loam	Sandy
Basalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Granite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate distance to nearest other houses? _____

Approximate distance to nearest creek or river? _____

If you have a bore, what is the approximate depth of ground water? _____

How many houses on the property? _____



DETAILS OF SYSTEM continued... (Please tick ✓ whichever is applicable, if known)

How many septic systems/long drops on the property? _____

Is the system working well? Yes ☐ No ☐

If No, what is the problem? _____

Can you see any discharge from your system onto the ground surface? Yes ☐ No ☐

PROPERTY OWNER SIGNATURE

I / We hereby make application for approval to operate the on-site sewage management system/s detailed above in accordance with the requirements of the Local Government (Approvals) Amendment (Sewage Management) Regulation 1988.

I / We hereby authorise the relevant Council staff to carry out such inspections of the system/s as may be necessary for the consideration of this application.

Signature
Name
Date

Signature
Name
Date

SITE SKETCH

Please provide a brief sketch with directions to your property, and a sketch with the location of the septic system/s in relation to your house.

Please note:

The State Government has passed a law to improve the quality of operation of on-site sewage systems to minimise the risks to the environment and public health. This application form should be completed to ensure that you have an approval to operate your system.

New property owners need to ensure that their on-site sewage management system license is registered in their name, with council within 60 days after transfer of property.

Fees : Within 60 days of date of transfer of ownership of property **\$No Charge**
After 60 days **\$100-00**

OFFICE USE ONLY

Date Received: ____/____/____ Fees: _____ Receipt No: _____

Related Application: S - _____ OSSM No.: O - _____ AWTS No.: _____