



# APPLICATION TO CARRY OUT WATER SUPPLY, SANITARY DRAINAGE OR STORMWATER WORK

Section 68, Environmental Planning & Assessment Act 1979

[Office Use Only]

SEW/SEP No: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Applicant Details (person or company having the benefit of the consent)

Applicant Name	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:
Applicant Address	Name (or company)
	Postal Address
Contact details	Ph/Mobile:
	E-Mail
Applicants declaration	I apply for approval under Section 68 of the Local Government Act 1993 to undertake the works described in this application. I declare that all the information given is true and correct. I also understand that if the application is incomplete or does not comply with the legislative requirements it may be refused.  Signature _____ Date: / /

## Land to Be Developed

Lot:	Section	DP/SP
Street Address		
Town/Locality		

## Owners Consent

Owners Name	
Owners Address	
Contact details	Ph: _____ E-Mail _____
Owners Signature (All owners must sign)	As owner of the land to which this application relates I/We consent to this application and also give consent for; <ul style="list-style-type: none"> <li>• authorised Council Officers to enter the land to carry out inspections,</li> <li>• Copies to be made of all documents for statutory assessment or administrative purposes.</li> </ul>
Name	Signature: _____ Date: / /
Name	Signature: _____ Date: / /
Name	Signature: _____ Date: / /
<i>If signing on behalf as the owner's legal representative, you must state the nature of your legal authority and attach documentary evidence e.g power of attorney, executor, trustee, Company Director / Secretary (under common seal)</i>	

## Plumber and Drainer Details

Name	
Address	
Contact details	Ph: _____ E-Mail _____
Licence No	

### Privacy Statement

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act 1998* and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Council's *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.

Works to be undertaken	
PART B (LG Act)	<input type="checkbox"/> 1 Carry out <b>water supply</b> work
	<input type="checkbox"/> 4 Carry out <b>sewerage drainage</b> work
	<input type="checkbox"/> 5 Carry out <b>stormwater drainage</b> work
	<input type="checkbox"/> 6 Connect a <b>private stormwater drain or sewer line</b> with a Council main
PART C (LG Act)	<input type="checkbox"/> 4 Dispose of waste into a <b>Council sewer main</b>
	<input type="checkbox"/> 5 Install, construct or alter <b>waste treatment device</b> or <b>human waste storage facility</b>
	<input type="checkbox"/> 6 Operate an <b>onsite sewage management system (OSSM)</b>

Additional information for Part C 5 & 6 (Onsite Sewage Management Systems (OSSM))			
Proposed Work	<input type="checkbox"/> New Installation <input type="checkbox"/> Modification – alteration or addition <input type="checkbox"/> Existing		
Proposed Use	<input type="checkbox"/> Residential No of Bedrooms: _____	<input type="checkbox"/> Commercial No of patrons/day: No of staff or contractors/day:	
Water Supply	<input type="checkbox"/> Reticulated Supply <input type="checkbox"/> Rainwater	<input type="checkbox"/> Bore <input type="checkbox"/> Other _____	
Type of System	<input type="checkbox"/> Conventional Septic Tank <input type="checkbox"/> Aerated Wastewater Treatment System (AWTS)	<input type="checkbox"/> Composting Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other _____	
System Details	Manufacturers Details		
	Name and Model No.		
	Capacity		
Land Application Area (LAA)	<input type="checkbox"/> Absorption Trench <input type="checkbox"/> Surface Irrigation	<input type="checkbox"/> Subsurface Irrigation <input type="checkbox"/> ETA / Transpiration Bed	
	What is the soil type around the Land Application Area (LAA)?		
	<input type="checkbox"/> Heavy Clay <input type="checkbox"/> Medium Clay <input type="checkbox"/> Light Clay <input type="checkbox"/> Silty Clay	<input type="checkbox"/> Clay Loam <input type="checkbox"/> Loam <input type="checkbox"/> Sandy Loam <input type="checkbox"/> Sand	<input type="checkbox"/> Rock <input type="checkbox"/> Not known
	Topography		
<input type="checkbox"/> Flat <input type="checkbox"/> Undulating <input type="checkbox"/> Steep			
Distances from			
Closest waterway/bore/dam _____ m      Depth to groundwater _____ m			

**REQUIRED ATTACHMENTS:** Please attach a copy of system specifications, NSW Health Accreditation, a site plan and LAA design to any application for an installation of an OSSM.

*NOTE: A Land Capability Assessment and System Design Report will be required for all applications on land areas less than 1ha, or when the land is impacted by environmental constraints (biodiversity, flood impacted and proximity to watercourses). The report is to be prepared by an experienced and appropriately qualified wastewater consultant in accordance with AS/NZS 1547:2012*

**REQUIRED ATTACHMENTS FOR CHEMICAL TOILET USE:** Copy of unit specifications, details of proposed service/pump out Agent including confirmation of service agreement and approved disposal site.

**Lodge your Application**

Via Mail:  
PO BOX 420, Cootamundra NSW 2590

In person:  
**Cootamundra Office**  
81 Wallendoon St  
Cootamundra NSW 2590

**Gundagai Office:**  
255 Sheridan Street  
Gundagai NSW 2722