

Application Number

Date Lodged

**FURTHER INFORMATION**

Narrabri Shire Council  
46-48 Maitland Street  
PO Box 261  
NARRABRI NSW 2390  
Tel: 02 6799 6866  
Fax: 02 6799 6888  
council@narrabri.nsw.gov.au

## Section 68 Application for Approval to Install, Alter or Construct a Waste Treatment Device or Human Waste Storage Facility and Approval to Operate a System of Sewage Management

### Application Type

- Install New System
- Upgrade / Convert Existing System
- Amend Existing Drainage
- Approval to Operate Only

### Property

Lot No	Section No	DP No
Street No	Street Name	
Town	State & Postcode	

### Property Details

Property Size:	<input type="checkbox"/> Less than 2000m <sup>2</sup>	<input type="checkbox"/> 2000—4000m <sup>2</sup>	<input type="checkbox"/> More than 4000m <sup>2</sup>
Property Use:	<input type="checkbox"/> Residential Dwelling	<input type="checkbox"/> Rental Dwelling	<input type="checkbox"/> Commercial / Industrial
Water Supply:	<input type="checkbox"/> Mains (Town)	<input type="checkbox"/> Tank	<input type="checkbox"/> Dam / River / Creek / Bore
Type of Waste:	<input type="checkbox"/> Human	<input type="checkbox"/> Trade	<input type="checkbox"/> Other _____

### System Details

Type of Treatment:	<input type="checkbox"/> AWTS	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Effluent Pump-out	<input type="checkbox"/> Media Filter
	<input type="checkbox"/> Compositing / Biological	<input type="checkbox"/> Other (Specify) _____		
Method of Disposal:	<input type="checkbox"/> Subsurface Irrigation	<input type="checkbox"/> Raised Mound	<input type="checkbox"/> Absorption Trench	
	<input type="checkbox"/> Evapo-Transpiration	<input type="checkbox"/> Other (Specify) _____		
No of People using System	_____	No. of Bedrooms	_____	No of Toilets
	_____		_____	_____
No. of Showers	_____	No Basins	_____	

### Plumber / Installer

Name / Company Name	
Postal Address	State and Postcode
Telephone Number	License Number

## Applicant

Name / Company Name

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Postal Address

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Town

State & Postcode

Email Address

Telephone Number

## Owner

Names / Company Name

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Australian Company Number (ACN) *(Provide when the owner is a company)*

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Postal Address

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Town

State & Postcode

Email Address

Telephone Number

This section must be completed and signed by ALL owners.

Companies will need to either provide their ACN or attach letterhead correspondence indicating the approval to lodge the application

An onsite waste water management plan that has been designed by an appropriately qualified person is attached.

## Application for approval to install, alter or construct a Waste Treatment Device

Declaration and Signature of Owners and applicant

- The undersigned hereby makes application for the approval of Council to the plans and specifications of a proposed on-site sewage management system and agrees to comply with the requirements and conditions that may be stated on the approval.
- By the submission of this application the undersigned authorises the appropriate staff of Narrabri Shire Council to enter the subject property for the purposes of assessing the application for compliance. Access may be made in your absence and without prior notification.
- I indemnify the Council Narrabri Shire against any claim which may arise either from negligence or otherwise as a result of my carrying out or entrusting a third party to carry out the above work or any other work within the road reserve at the address of the property.
- No work or activity is permitted to be undertaken until such time as Council has granted an "Approval to Install"

Signature of Applicant: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

## Application for approval to Operate a System of Sewage Management

Declaration and Signature of Owners and applicant

The undersigned hereby makes application for the approval of Council to operate a system of sewage management in Narrabri Shire Council area and agrees to comply with the requirements and conditions that may be stated on the approval. The undersigned acknowledges that the system must not be operated until such time as an "Approval to Operate" has been issued by Council.

Signature of Applicant: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_