



PITTWATER COUNCIL

Application for Approval to Operate an On-Site Sewage Management System

«Legal_Desc», No. «Address»

Invoice Number
«Invoice»

Contact Telephone Number/s (H) 99708989 (W) _____

NB. If property is vacant land with no septic or wastewater system

Type of System: (please tick)

- 1. Primary Septic Tank with Secondary Aerated Treatment (AWTS) & Spray Irrigation
- 2. Primary Septic Tank with Secondary Aerated Treatment & Subsurface Irrigation
- 3. Septic Tank with On-Site Effluent Disposal by Absorption Trench, etc;
- 4. Septic Tank with Effluent Pump-Out (off-site disposal)
- 5. Composting Toilet with separate greywater management system
- 6. Other (please describe): _____

7. What maintenance work has been done in last 3 years _____

Please complete if your system is either 1-2 above

8. What YEAR was the primary sewage treatment or storage facility installed? N/A

9. What YEAR was the effluent irrigation system installed or modified? N/A

10. Do you have a service agreement for the maintenance of your (AWTS) system? Yes/ No

Date of Last Service: ____ / ____ / ____ (please attach copy of report)

Details of Service Agreement:

Company: ECOCYCLE Address: 15 ELONO RD SILVERDALE

Phone Number: 47741316 NSW 2752

Please complete if your system is either 3-6 above

What year was the primary septic tank or storage facility installed? _____

What year was the effluent system (absorption trench, etc) installed or modified? _____

What year was your tank-facility / system last inspected by a licensed plumber? _____

When was the system last desludged (pumped out)? _____

I hereby apply to operate a sewage management system on this property. (Please note that if more than one system operates on the property a separate form is required for each system)

.....
Signed [Signature]

.....
Date 13.1.04