



Blacktown City Council

APPLICATION FORM TO OPERATE AN ON-SITE SEWAGE MANAGEMENT FACILITY Local Government (General) Regulation 2005

Please complete this form and return it to Blacktown City Council with the prescribed fee, which covers administration costs.

The information you provide will assist Council in accurately identifying all of the On-site Sewage Management Facilities within the local government area.

Your co-operation will aid in ensuring the health of your family and help provide a cleaner environment for the benefit of all.

NOTE – Separate applications are required for each system on the property.

1. Property Details

Lot No: _____ DP No: _____ House No: _____ Area m² _____
Road/Street: _____
Suburb: _____ Postcode: _____

2. Owner's Details

Name: _____
Address: _____
Suburb: _____ Postcode: _____
Phone Number: _____ Fax Number: _____

3. How many people does the system service (ie how many people live in the house)?

1 2 3 4 5 6 7 8 9 10+ _____

4. System Details – please tick ✓

Please Tick

a)	Septic Tank with Soil Absorption Trench	
b)	Septic Tank with Pump-Out	
c)	Septic Tank with Transpiration Area	
d)	Aerated Wastewater Treatment System with Surface Irrigation	
e)	Aerated Wastewater Treatment System with Sub-surface Irrigation	
f)	Composting Toilet with Separate Greywater Management System	
g)	Other or Unknown (please describe below)	

Description (please attach further information if required)

5. What year was the system installed? _____

6. What year was the system last inspected by a licensed plumber? _____

7. Do you have a service agreement covering ongoing system maintenance? Yes / No
If yes, provide company name, phone number and contract details.

8. Details of breakdown procedures, emergency contact name and telephone numbers.

9. Water Supply (circle): Town / Reticulated Tank / Rain Bore / Ground

10. Please draw a plan which details the following:

- a. Property boundaries
- b. The location of the dwelling and/or other structures on the property.
- c. The location of the on-site system an associated drainage area.

Owner's signature: _____

Date: _____

Privacy:

The personal information that you have provided in this Form is for council purposes only and will be viewed by Councillors and Council staff only.

Please return to: Blacktown City Council
 Environmental Health Unit
 PO Box 63
 BLACKTOWN NSW 2148
 Telephone: (02) 9839-6000
 Facsimile: (02) 9831-1961

OFFICE USE ONLY

Application No.....
Account No. 501.1153.2
Property No.....
Date Received:.....
Receipt No.....