



Liverpoolcitycouncil
creating our future together

Customer Service Centres

Liverpool City Library, 170 George Street and
1 Hoxton Park Road, Liverpool NSW 2170

Locked Bag 7064, Liverpool NSW 1871 DX 5030, Liverpool NSW

Phone: 1300 36 2170 TTY: 9821 8800

Website: www.liverpool.nsw.gov.au E-mail: lcc@liverpool.nsw.gov.au

Property No.

Office Use Only

On-site Sewage Application No.

Aerated Septic Tank Application No.

APPLICATION FOR APPROVAL TO OPERATE AN ON-SITE

SEWAGE MANAGEMENT SYSTEM *Under Section 68 of the Local Government Act*

1. What is the address of the property on which the work is to be carried out?

| | | | | | |
|----------|--------------|-----|--------------------|---|--------------------------|
| House No | Shop/Unit No | Lot | Section (If known) | Deposited Plan (DP) or Strata Plan (SP) (If known) | Office Use Only |
| Street | | | Suburb | | <input type="checkbox"/> |

2. Give details relating to this application

| | |
|--|---|
| Type of system: (tick whichever applicable) | |
| <input type="checkbox"/> Transpiration/Absorption Trench | <input type="checkbox"/> Pump Out Septic Tank |
| <input type="checkbox"/> Aerated Septic Tank (Brand) | <input type="checkbox"/> Compost Toilet |
| <input type="checkbox"/> Other (Give details) | <input type="checkbox"/> |
| Give details of breakdown procedures | <input type="checkbox"/> |

3. Service Contractor - details of contractor servicing system

| | | | | |
|--|-------------|----------------|-------|--------------------------|
| Company (if applicable): | | | | <input type="checkbox"/> |
| Mr/Mrs/Ms | Surname(s): | First Name(s): | | |
| Address: | | Postcode: | | |
| Phone | Business: | Mobile: | Home: | |
| Email: | | Fax: | Date: | |
| Signature(s): | | | | |
| (or person signing on behalf of applicant - please state in what capacity) | | | | |

4. Occupier/Applicant - details of person currently living at the above premises

| | | | | |
|--|-------------|----------------|-------|--------------------------|
| Company (if applicable): | | | | <input type="checkbox"/> |
| Mr/Mrs/Ms | Surname(s): | First Name(s): | | |
| Address: | | Postcode: | | |
| Phone | Business: | Mobile: | Home: | |
| Email: | | Fax: | Date: | |
| Signature(s): | | | | |
| (or person signing on behalf of applicant - please state in what capacity) | | | | |

5. Owner's/Applicant's details (this section must be signed by the owner)

| | | | | |
|--------------------------|-------------|----------------|-------|--------------------------|
| Company (if applicable): | | | | <input type="checkbox"/> |
| Mr/Mrs/Ms | Surname(s): | First Name(s): | | |
| Address: | | Postcode: | | |
| Phone | Business: | Mobile: | Home: | |
| Email: | | Fax: | Date: | |
| Signature of owner(s): | | | | |

OFFICE USE ONLY: (No fee applicable when submitted with Septic Tank Application) – Invoice will be issued for payment