



CITY STANDARDS & COMPLIANCE
 Cnr Queen Street and Broughton Street
 PO Box 57 Campbelltown 2560
 Phone (02) 4645 4604 – Fax (02) 4645 4111

**Application renewal - approval to operate a system of wastewater management
 Local Government Act 1993 - Section 68**

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Application to Operate No: (office use only)

Type of Wastewater Management System

Current Usage of Site: ☐ Domestic ☐ Commercial

☐ Septic Tank/Collection Well - Absorption Trench System

☐ Septic Tank/Collection Well - Evapo - Transpiration Bed System

☐ Aerated Wastewater Treatment System - Surface Spray

☐ Aerated Wastewater Treatment System - Subsurface Irrigation

☐ Tanker Pump-Out System

☐ Other - Please specify:

Property Address

Lot No:

DP:

House No:

Section:

Street:

Suburb:

Property Owner/s Details

Name:

Mailing Address:

Home Phone:

Mobile:

Business Phone:

Fax:

Registered Email:

Managing Agent (to be completed if the premises is leased to a tenant)

Agent Name:

Mobile:

Mailing Address:

Business Phone:

Fax:

Registered Email:

Authorisation for Email of all correspondence

I authorise Campbelltown City Council to serve my assessment/inspection reports, invoices and where applicable, all applications, notices and orders for the abovementioned premises by electronic mail (email).

☐ Yes ☐ No – please send all correspondence via post to the proprietor's address

Owner/s Declaration

As the owner/occupier of the onsite wastewater management system described in this application, consent is granted for any Authorised Officer of Campbelltown City Council to enter the land or premise to carry out inspections, surveys, take measurements, samples and photographs as required in the assessment of the application.

Name/s:

Owner's Signature/s:

Date:

DATA AND DOCUMENT CONTROL