

Contact Details:

Postal Address: Locked Bag 23,
GRAFTON NSW 2460
Telephone: (02) 6643 0200
Email: council@clarence.nsw.gov.au

Office Locations:

2 Prince Street, Grafton
50 River Street, Maclean

Pre-purchase Inspection of On-Site Sewage Management System

SCH _____ (Fee 2020/21 - \$450.85)
(Searches/PPWW/Insp)

OSM No: _____

Date Lodged: _____

Details of the Applicant

The applicant is person(s) who are submitting the proposed application to Council for approval.

If the applicant is not the owner of the land, then the owners written consent to lodge the application is required.

It is important that we are able to contact you if we need more information. Please give us as much detail as possible.

NAME/S:

Company/Organisation

POSTAL ADDRESS:

Suburb or Town

State

Post Code

CONTACT NUMBER:

EMAIL:*

*Preferred method of contact unless otherwise stated.

APPLICANT SIGNATURE(s):

Date

In making the application I authorise inspections by Council Officers at any time during the course of the works and agree to comply with the requirements of the Council and Local Government Act 1993.

It is required that any dogs be under effective control.

Owners Details – As the owner(s) of the property, I/we consent to this application.

This section must be completed by ALL owners. If agreements for the sale of the property have been exchanged, the names of both the vendor and the purchaser must be provided.

Application involving a strata can be signed by an office holder of the strata body.

If the owner of the property is a company, the company seal or proof of authority to sign must be provided.

NAME/S:

Phone:

POSTAL ADDRESS:

Suburb or Town

State

Post Code

OWNERS SIGNATURE(s):

Date

Identify the Land

It is important that the property is accurately identified by its legal description.

Lot

Section

Deposited Plan No.

No

Street

Town/Locality

Type of Treatment System	
Standard Septic Tank	<input type="checkbox"/>
Aerated Wastewater Treatment System (AWTS)	<input type="checkbox"/>
Composting Toilet (Wet or Dry)	<input type="checkbox"/>
Greywater Management System	<input type="checkbox"/>
Sand Filter/Reed Bed or Constructed Wetland	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Type of Land Application System	
Sub-surface / Surface Irrigation System	<input type="checkbox"/>
Evapotranspiration - Absorption Trench (ETA)	<input type="checkbox"/>
Transpiration System/Mounds	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>

Design Details	
Plans	<input type="checkbox"/> <p>Plans: Please provide two A4 or A3 copies of Plans. A site plan must be provided indicating the location of the sewage management facility, effluent application areas and any environmentally sensitive areas.</p>

Indicate the type of premises generating the effluent/wastewater.	Residential:	
	Number of bedrooms/study? Number of persons residing? Is town water or tank water be used? Size of the Lot (m2 or hectares)? _____	<input type="checkbox"/> <input type="checkbox"/> Town Water/ Tank Water
Tank Details	Tank Manufacturer: _____ Tank Model: _____	

Privacy Advice

The personal information that Council has collected or is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 (PPIPA). Council will only use this information in accordance with the PPIPA.

The supply of this information by you is voluntary. However, if you cannot provide or do not wish to provide the information sought, the Council may be limited in dealing with your application/request. Council requires this personal information from you in order to process your application.

You may make application for access or amendment to your personal information held by Council. Council will consider any such application in accordance with the PPIPA.

Council is to be regarded as the agency that holds the information.