|  |  |
| --- | --- |
|  | **Walgett Shire Council** |
| ABN 88 769 076 385  P.O. Box 31, WALGETT, N.S.W. 2832.  Telephone: (02) 6828 6100 Email: admin@walgett.nsw.gov.au |
| **ACTIVITY APPLICATION ANNEXURE**  **2024 - 2025** |

# MANAGEMENT OF WASTE

C5 – INSTALL, CONSTRUCT OR ALTER AN ON-SITE SEWAGE SYSTEM

## FEE

|  |  |
| --- | --- |
| a) Install or construct | $200.00 |
| b) Alteration of an existing approved system | $135.00 |

## PLANS & SPECIFICATIONS– 2 copies

An application for approval to install an on-site sewage management system must be accompanied by the following:

1. A site plan, to scale, of the structures showing the proposed position on the site of the on-site sewage system including all drains, fittings and fixtures connected to the system,
2. How it is proposed to dispose of the effluent water?
3. Probable number of persons to use the facility each day or number of bedrooms in the dwelling, (as applicable)
4. Name, address and licence number of installer
5. Manufacturers details of on-site sewage management device.

## CHECKLIST

Applications will **not** be accepted without the following documents:

|  |  |
| --- | --- |
| 1. A completed Activity Application form signed by the landowner/s. |  |
| 1. A completed C5 – Operate a system of sewage management annexure form. |  |
| 1. 2 copies of all plans (drawn to scale) and specifications. |  |

Description of Premises ………………………..………………………………………………..…………

Details of the licensed plumber carrying out the work.

Name: …………………………….…………………………………………….…………………..………….

Address: …………………………………………………………..….………………………………………..

Licence No.: ………………………………………… Expiry Date: ……………………………………....

Phone No.: ………………….……… Plumber’s Signature …………..…………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **INITIALS** | **DATE** |  |
| RECEIPT CLERK | Fees correct & paid |  |  | Rec: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Assessment No. |  |  | Ass. \_\_\_\_\_\_\_\_\_\_\_\_ |
| RATES CLERK | Water/sewage rates applied |  |  |  |
| ENV. SERVICES | Internal plumbing approved |  |  |  |
| No. of residences/units |  |  | No.: \_\_\_\_\_\_\_\_\_\_\_\_ |
| ENGINEERS | Connection instructions issued |  |  |  |
| Service connected |  |  |  |
| RECORDS | Placed on assessment file |  |  |  |