Lithgow City Council
180 Mort Street Lithgow NSW 2790
Telephone (02) 63549999
Postal Address: PO Box 19 Lithgow NSW 2790 Fax: (02) 63512927

OFFICE USE ONLY
REGISTRATION NO
FILE/PROPERTY NO

# ON SITE SEWERAGE MANAGEMENT APPLICATION

made under	er the Local Government Act 1993 Section	68								
Applicant										
	Name:									
	Postal Address:									
	Postcode:									
Owner De	etails	(Fax):(Email):								
		Postcode:								
		Fax): (Email):								
Provious (										
Previous Owner's Name/s: If purchased within last 3-4 months:										
Consent of	Consent of all Owner(s)  As the owner(s) of the subject property, I/we consent to this application (see note 3)  I hereby authorise Council the Power of Entry to carry out inspections in relation to this application.									
Signature(s)										
l <b>37</b> - 28										
Name(s)										
Installer D										
Name	•	Phone								
Address										
Subject La	and Details									
	Address:									
	Lot No/DP/Portion, etc:									
	Premises	(State whether dwelling(s), shop(s), flat(s), factory, etc)								
Required o	details:									
-										
	Number of persons:									
	WC Flush Capacity:									
	Collection Well Capacity:	-								
	Source of water supply:									
To be Subs 1 2 3	Submitted with the Application:  AT LEAST 3 COPIES OF THE MANUFACTURERS DETAIL OF THE SEPTIC TANK  SITE PLAN IS TO BE INCLUDED WITH THIS APPLICATION  A GEOTECHNICAL/WATER BALANCE REPORT MUST BE SUBMITTEDWITH THE COMBINED DEVELOPMENT APPLICATION/CONSTRUCTION CERTIFICATE APPLICATION UNLESS PREVIOUSLY SUBMITTED WITH THE DEVELOPMENT APPLICATION									
By completion purpose direction		TCE.  personal information. Council will collect the information only for a lawful reasonable care not to disclose personal information. Exempt documents may								
OFFICE USI	E ONLY									
OFFICE USI	a ona i	Date:								
Septic Tank A	Application :\$. 231.00 (138211000-6320) <b>Receipt</b> :.									
		TOTAL:								

## INSTRUCTIONS TO APPLICANT

Submit all plans in triplicate with owner's name and address of site on each copy.

## SEPTIC TANK PLANS

- a) Precast concrete, fibreglass submit manufacturer's details
- b) Construct in situ submit plans to a scale of 1:100, showing plan and vertical section.

#### **BLOCK PLANS**

- a) Draw to scale of 1:200 or larger
- b) The distance of buildings and other structures from all boundaries
- c) The position of all fittings and drainage lines
- d) The position of the septic tank and absorption trenches and/or collection well
- e) The position of all other disposal trenches or pits
- f) When installing an Aerated Septic Tank full details are to be shown of the irrigation system and the area to be irrigated.

Provide an accuate locality sketch showing nearest cross streets

Identify the site by a signboard, showing Lot number and Owner's name

OFFICE USE ONLY:													
CONDI	CONDITIONS:												
0063st	0064st	0065st	0082st	0083st	0084st	0085st	0086st	0087st	0088st	0089st	0066st		
0071st	0072st	0073st	0074st	0075st	0077st	0078st	0079st	0080st	0081st	0076st			
ОТНЕБ	R CONDIT	TIONS:											