

APPLICATION FOR INSPECTION OR RECLASSIFICATION OF RISK OF AN ONSITE SEWAGE MANAGEMENT SYSTEM (OSSM) Under section 68 of the *Local Government Act 1993*

1. Owners Details

Name/s (Individual/company name in full)					
For companies, contact name		ABN			
Postal Address					
Suburb		State		Post code	
Contact phone number		Mobile number			
Email address					

2. Property Details

Number	Street	Suburb	Lot	Section	DP/SP

Property Type	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial/tourist accommodation	<input type="checkbox"/> Industrial
Property Size	<input type="checkbox"/> Less than 1000m ²	<input type="checkbox"/> 1000 – 2000 m ²	<input type="checkbox"/> More than 2000m ²
Property Use	<input type="checkbox"/> Residential Dwelling	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Other _____
Water Supply	<input type="checkbox"/> Mains (Town)	<input type="checkbox"/> Tank	<input type="checkbox"/> Dam/River/Creek/Bore
Type of Waste	<input type="checkbox"/> Human	<input type="checkbox"/> Other	<input type="checkbox"/>

3. On Site Waste Water Management System Details

Number of Bedrooms		Number of Persons Using System		
Is a grease trap installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the main irrigation distribution line buried?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are warning signs displayed near the disposal/irrigation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Where is the system located on the property?				
How many systems are on this property?				
Where is your disposal/irrigation area?	<input type="checkbox"/> Lawn <input type="checkbox"/> Garden <input type="checkbox"/> Trees <input type="checkbox"/> Paddock			
Type of Treatment System				
<input type="checkbox"/> Composting	<input type="checkbox"/> Pump to Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Sand/Media Filter	<input type="checkbox"/> Effluent Pump-Out by Tanker
<input type="checkbox"/> Aerated Wastewater Treatment System	<input type="checkbox"/> Other (Specify): _____			
Water Supply Type of Waste				
<input type="checkbox"/> Surface Irrigation	<input type="checkbox"/> Subsurface Irrigation	<input type="checkbox"/> Absorption Trench	<input type="checkbox"/> Evapo-Transpiration	<input type="checkbox"/> Raised Mound
Other (Specify):				
Tank Capacity (Litres)				
<input type="checkbox"/> Tank Number 1		<input type="checkbox"/> Tank Number 2		<input type="checkbox"/> Tank Number 3

4. Maintenance Details

Is your Aerated Wastewater Treatment System maintained on a quarterly basis?	
Name of Service Agent/ Company	

5. Request for reclassification of risk.

Current Risk Classification	High	Medium
Proposed Risk Classification	Medium	Low
Reason for requesting reclassification		

6. Owner Declaration

☐ separate document attached signed by each owner

All owners must sign this form (or attach a separate letter signed by each owner if more space is required).

If the property is owned by a company, consent to lodge this application is required consistent with Corporation law. Any person who signs on behalf of a company must state the authority by which that person acts and must print their name and position. If you do not provide the information (or any part of it) your application may not be accepted.

As the owner of the land to which this application relates, I/we consent to this application.

I give consent for authorised Council officers to enter the land to carry out inspections.

I understand that by signing this form, I am also authorising the applicant, as identified on this form; to act on my behalf. I understand that the applicant, as identified on this form; is the contact for Council's enquiries about the application.

Please be aware that it is a criminal offence to make a false declaration

Owner Name (If a Company, Company name and name of person authorised to sign and their role)	Owner Address & Email	Owner Signature	Date

SUBMIT FORM

PRIVACY NOTIFICATION

Personal and private information supplied to Council is managed in compliance with the *Privacy and Personal Information Protection Act 1998*, *Government Information Public Access Act 2009* and Council's Privacy Management Plan. The supply of information on this form is voluntary but it is required to process your application/request. The [Privacy Management Plan](#) may be accessed on Council's website. If you have any further enquiries concerning Privacy matters, contact Council's Privacy Officer on 02 6578 7290.