



Liverpool Plains Shire Council
 P.O. Box 152, QUIRINDI NSW
 2343
 Email: lpssc@lpssc.nsw.gov.au
 Ph: (02) 6746 1755
 Fax: (02) 6746 3255

ON-SITE SEWAGE MANAGEMENT SYSTEM (OSMS)

Application No:
 DA No:
 Date:
 Receipt:

Application made under the Local Government Act 1993 & Local Government (General) Regulation 2005

TYPE OF APPROVAL REQUIRED	FEE
<input type="checkbox"/> Install New System	\$151 + \$106 (inspection fee) = \$257
<input type="checkbox"/> Upgrade Existing System (additional works)	\$96 + \$106 (inspection fee) = \$202
<input type="checkbox"/> Application to Operate an On-Site Sewage System	\$96 + \$106 (inspection fee) = \$202
<input type="checkbox"/> Change of ownership	No fee (if OSMS has an in force approval)

APPLICANT DETAILS

Mr / Mrs / Ms / Miss / Dr / Co / Other

Name:

Postal Address:

Phone no (daytime): (mobile):

Email: Fax:

Signature:

OWNER DETAILS AND CONSENT

All property owners must complete this section. If the owner of the property is a company, then the director/s or the secretary of the company must sign and affix the company seal, if required by the constitution.

- I hereby consent to the lodgement of this application and I undertake that I will engage a licensed Plumber and/or licensed Drainer to carry out such work as is necessary in accordance with the provisions of the Local Government Act 1993 and the requirements of the Council.

Name OR company name/s:

Address:

Phone no: E-mail:

Signature:

DETAILS OF IN FORCE APPROVAL TO OPERATE

Approval No.:

Date of Approval:

Please ensure that the existing approval to operate is valid and in force. Should the approval be invalid or out of date an Application to Operate an On-Site Sewage System will have to be lodged with the appropriate fee.

(Local Government (General) Regulation 2005 Part 2 Division 4 Subdivision 7 Clause 46)

PROPERTY DESCRIPTION

We need this information to correctly identify the subject land. This information is shown on the rates notices, property deeds etc.

Lot: Sec: DP:
 Street / RA No.: Property Name:
 Road Name: Locality:
 Site area: Assessment No: Valuation No:

DETAILS OF PROPERTY

Area of Property: m² / ha

Buildings to utilise on-site treatment:

- Residential Premises: Dwelling Shed Other:
- Commercial Premises: *(please give details)*
- Rural: Shed Other:

Number of Persons Served by the System:

Number of Bedrooms:

PLUMBERS' DETAILS

Name:
 Address:
 Phone No: (daytime): Fax No.:
 E-mail: * License No.:

*** All plumbers and drainers must hold a current licence from NSW Officer of Fair Trading.**

DETAILS OF SYSTEM**Type of Primary System**

- AWTS Septic Tank Compost Toilet Other:

Brand Name / Manufacturer of System:

Type of Disposal Area

- Absorption Trenches Evaporation Absorb Evaporation Transpiration
- Sub Surface Irrigation Surface Irrigation Sand Filtration

WATER SUPPLY

- Reticulated - Town Rainwater Tank Community Water Supply
- Domestic Bore Dam River

SOIL TYPE	Red	Black	Brown	Clay	Loam	Sandy
Basalt						
Granite						
Other						

MUST BE COMPLETED – SKETCH OF PROPOSED WORKS

PLEASE SHOW:-

- Distance to bore or wells
- Distance to property dwelling
- Distance to neighbouring dwellings
- Distance to surface water (eg. creek, river, dam, gully)
- Fall of land
- Distance to swimming pool
- Distance to boundaries