

Onsite Sewerage Management System Installation/Registration Form

To install, construct or alter a waste treatment device or a human waste storage facility or a drain connected to any such device or facility

Date:

Registration of **existing** system Registration of a **new** system

OWNER'S DETAILS

Owner's Name(s):

Owner's Address:

Suburb: State: Postcode:

Phone: Email:

PLUMBER'S DETAILS

Installer:

Business Address:

Phone: Email:

LOCATION OF ON-SITE SEWAGE MANAGEMENT SYSTEM

Address:

Suburb: State: Postcode:

Lot No: Section: DP No:

TANK DETAILS

Septic tank Capacity:Litres Collection Well Capacity:Litres

Source of Water Supply:

Description and Brand of Tank:

Type of Premises (eg dwelling, shop):

Wastes to be Connected WC: Number of Persons:

Note: Please include a drawing showing the location of the sewerage management system in relation to the existing building, the proposed method of septic tank effluent disposal and the type, size and manufacturers details of the Septic Tank or Aerated Waste Treatment Device.

SIGNED

Signature: Date:

OFFICE USE ONLY

Registration Fee: Receipt Number: Date: