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WILLOUGHBY CITY COUNCIL

APPROVAL TO INSTALL/OPERATE AN ON-SITE SEWAGE MANAGEMENT SYSTEM

PROPERTY DETAILS

Occupier _____
Address _____
Suburb _____ Postcode _____
Telephone (H) _____ (W) _____ (M) _____
Number of persons _____ Number of bedrooms _____

OWNER DETAILS (if different from above)

Name _____
Address _____
Suburb _____ Postcode _____
Telephone (H) _____ (W) _____ (M) _____

SYSTEM DETAILS

Number of pumps _____ Type of pump(s) _____
Pump model _____ Age of pump(s) _____
Size of tank(s) _____ Approx. age of tank(s) _____
Alarm type _____ Are the alarms sound/visual or both? _____
Distance travelled by pipes _____ Age of pipes _____
Do you have absorption trenches? YES NO
Do you have greywater treatment? YES NO
Do you have greywater diversion? YES NO
Do you have a swimming pool or similar device? YES NO
Is it connected to the system? YES NO
Do you have a service agreement for any parts of your system? YES NO
Any relevant details: (Extra space over page if required) _____

OFFICE USE ONLY: Application Licence No. _____ Receipt No. _____ Date _____
Customer Service Officer _____

WATER REDUCTION FEATURES Do you have the following?

- Water saving showerheads YES NO
Dual flush cistern/toilet YES NO
Flow regulators in kitchen & bathroom taps YES NO
Rain water tanks YES NO

Other devices – give details: _____

Please draw a simple schematic / diagram of any tanks, pumps, absorption areas in relation to the house, neighbors and the road. (Also use this space for any other relevant information)

FEES (all fees include GST) Please refer to Council's current *Fees & Charges* for full details.