



# CARRATHOOL SHIRE COUNCIL

9-11 Cobram Street Goolgowi NSW 2652  
PO Box 12 Goolgowi NSW 2652  
Ph: 6965 1900 Fax: 6965 1379  
Email: council@carrathool.nsw.gov.au

Form: 272  
Doc Id: 340342

## Approval to Operate a Sewage Management System Application

Local Government Act 1993 - Section 68

Type of Approval Sought	<input type="checkbox"/> Approval to operate	
	<input type="checkbox"/> Renew Approval	
<b>Important Notice On-Site Sewage Management</b>		
<p>Properties with improvements not connected to a reticulated sewerage system are required to have an OSSM Approval to Operate for all existing systems. This is separate to any approval that may have been issued in the past for the installation of a system.</p> <p>Approvals to operate are not transferrable, hence when a property changes hands an on-site sewage management approval to operate must be sought by the new owner.</p> <p><i>The Local Government (General) Regulation 2005 Clause 47 allows a purchaser two months from the date of acquisition of the property to make an application for 'Approval to Operate' the system. The system may then be used until the application has been determined.</i></p> <p>The legislation provides for the issue of an infringement notice where the application has not been made within three (3) months of the property being transferred.</p>		
<b>Owner Information*</b>		
<i>*Payment is required upon lodgement of application for processing. Please submit a separate form and fee for each individual OSSM system on the property.</i>		
Owner Name		
Postal Address <i>(your reply will be posted to this address)</i>		
Contact Number/s		
Company Contact		
Email	Fax	
<b>Location of the Land</b>		
Unit Number	Street Number	
Street		
Town	Site Area m <sup>2</sup>	
Lot/s	Section	DP/SP
Assessment Number		
<b><i>The above information is available from your rate notice, property deeds, or from Council's property maps.</i></b>		
<b>Type of Wastewater Management System</b>		
Current Usage	<input type="checkbox"/> Domestic	<input type="checkbox"/> Commercial
<input type="checkbox"/> Septic Tank/Collection Well - Absorption Trench System		
<input type="checkbox"/> Septic Tank/Collection Well - Evapo - Transpiration Bed System		
<input type="checkbox"/> Aerated Wastewater Treatment System - Surface Spray		
<input type="checkbox"/> Aerated Wastewater Treatment System - Subsurface Irrigation		
<input type="checkbox"/> Tanker Pump-Out System		
<input type="checkbox"/> Other - Please Specify:		



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### Managing Agent *(to be completed if the premises are leased to a tenant)*

Agent Name		Mobile	
Mailing Address			
Email			
Business Phone		Fax	

### Owners Consent

*Must be completed by the owner of the land. If the owner is a company or strata title body corporate, the application must be signed by a director or an authorised person and delegated under common seal.*

Owners Name	
Owners Address	
Contact Number/s	

As the owners of the land to which this application relates, I/we hereby apply to Carrathool Shire Council for registration and approval to operate/renewal of approval to operate the existing on-site sewage management system on this land.

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

Signature/s		Date: / /
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*Sign below if you are signing on the owner's behalf as the owner's legal representative.*

Signature/s		Date: / /
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### How to lodge your Application

<b>Applications should be addressed to:</b> The General manager Carrathool Shire Council	<b>How to contact us:</b> Phone: (02) 6965 1900 Email: council@carrathool.nsw.gov.au
<b>Mail:</b> PO Box 12 GOOLGOWI NSW 2652	<b>In Person:</b> 9-11 Cobram Street GOOLGOWI NSW 2652

*If you wish to discuss a proposal with one of our professional officers, it is essential that you arrange an appointment. We recommend that you consult with a Council Officer before submitting this application.*

### Attached OSSM Self-Inspection Checklists

<input type="checkbox"/> Septic Tank and Land Application Area (pg 3-5)
<input type="checkbox"/> Evapo-Transpiration Bed/Trench (pg 6)

**Please note:** If you have an Aerated Wastewater Treatment System (AWTS) on your property then the above listed checklists will not need to be completed.

Instead, please attach the most recent AWTS service report along with this form (*Approval to Operate a Sewage Management System Application*).



## OSSM Self-Inspection Checklist

### Septic Tank and Land Application Area

Please tick all applicable boxes. Carrathool Shire Council will review this inspection checklist, any action items that may be required, and will either re-issue the On-Site Sewage Management (OSSM) Approval to Operate with or without conditions. If the action items are substantial and/or a public and environmental risk, Council will issue an 'Order' to the property owner to rectify the defective OSSM system within a specified timeframe.

Inspection Details					
Inspection Date					
Weather Condition					
No. of Bedrooms		No. of Residents			
Building Serviced by Septic Tank:					
As-constructed Drawings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Water Source					
<input type="checkbox"/> Rainwater					
<input type="checkbox"/> Bore Water					
<input type="checkbox"/> Town Reticulated Supply					
Treatment System Details					
No. Septic Tanks		No. of Pump Wells		No. Collection Wells	
No. of Reed Beds		Grease Trap? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Treatment System Details:					
Access, Vegetation and Erosion					
Are the tanks accessible?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does vegetation need to be removed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there weed infestation over the effluent land application area?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the tanks subject to flooding or surface water infiltration?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there erosion potential around tank or effluent land application areas?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Integrity					
Are there any signs of cracks, staining, or leaks around the perimeter of the septic tank, pump well or collection well?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tank in good condition? <i>(No cracks, leaks, or damaged lid/wall)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the tank need urgent repair/replacement, major structural failure, undersized?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any offensive odours emanating from the septic tank?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any gaps between the tank and lid?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the tank lid inspection caps accessible and can they be removed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the tank lid inspection caps present and unbroken?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tank lid suitable for the tank type, inspection caps over baffled/tee junctions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Primary septic tank been desludged in the last 5 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Has the outlet filter been cleaned recently?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does the tank need desludging? <i>(If so, refer to OSSM Fact Sheet No.7)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Are the tank inlet and outlet baffles or tee junctions in place and functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the tank have a scum/crust layer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an induct vent installed and is it in a functional state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Grease Trap (if installed)</b>	
Are there any signs of cracks or leaks around the perimeter of the grease trap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the grease trap accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the grease trap lid be removed for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the grease trap baffles in place and functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the grease trap been cleaned recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there any offensive odours emanating from the grease trap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the tank inlet and outlet baffled or tee junctions in place and functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Pumps (if installed)</b>	
Does the pump operate when needed? <i>(trigger float switch to check)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the high level alarm work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the pump been serviced in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pipework (if applicable)</b>	
Is there any exposed pipework that should be buried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any signs of unsealed or leaking pipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there pipes connecting the septic tank, pump well, and/or collection well, or septic tank to trench, functioning and installed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Approval to Operate a Sewage Management System Application

### Comments, Actions or Repairs Required

Use this page to expand on items in the checklist that have been identified as non-compliant and also to detail an action plan for any rectification works. An OSSM Section 68 Application may be required depending on the extent of rectification works. Contact Carrathool Shire on 02 6965 1900 during office hours if unsure.

Comments:

OSSM Site Plan (*show all water courses, dams or bores*):

Signature



Date: / /



## OSSM Self-Inspection Checklist Evapo-Transpiration Bed/Trench

Please tick all applicable boxes. Carrathool Shire Council will review this inspection checklist, any action items that may be required, and will either re-issue the On-Site Sewage Management (OSSM) Approval to Operate with or without conditions. If the action items are substantial and/or a public and environmental risk, Council will issue an 'Order' to the property owner to rectify the defective OSSM system within a specified timeframe.

<b>Site Inspection Results</b>	
Are the trenches/beds accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a weed infestation, vegetation to be removed from over the trench/bed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the trenches/beds subject to flooding or surface water infiltration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there erosion potential within the trench/bed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there evidence of surface water or soggy ground over the trench/bed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are some trenches or beds greener than others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there evidence of surface water intrusion into the trench/bed area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an upstream surface water diversion device installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an upstream surface water diversion device functioning appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any indication that water on the surface of the trench/bed if effluent? <i>(laboratory tests can be undertaken if necessary)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any evidence of protective measures to prevent trench/bed damage? <i>(eg. From traffic, animals, shrubs, border, fencing)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a good vegetation cover established over the trench/bed surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the trench/bed area have good exposure to wind and sun?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the trench/bed inspection ports visible, interior of inspection port clear and in good condition? <i>(i.e. no standing water or indication of trench flooding)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is regular desludging of the septic tank undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the distribution box working properly and not blocked or clogged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If a pump is installed it is operating correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is any device installed to evenly disperse effluent evenly into trench/bed area (eg. Indexing valve), is the device visible, accessible, protected in box and set correctly to deliver appropriate volumes of effluent to specific trench/bed according to the hydraulic design?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the septic tank outlet filter been cleaned by hosing the filter off?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments, Actions or Repairs Required</b>	
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Comments:	
Signature	<div style="text-align: center;"> </div> <div style="text-align: right; margin-top: 20px;">Date:   /   /</div>