



Uralla Shire Council

Registration Application for Approval to Operate an Existing On Site Sewage Management System

This form will register 1 septic system. A separate application form is required for each septic system on your property. Forms can be downloaded from www.uralla.nsw.gov.au.

Owner/s Details		Assessment:	
Name			
Address			
Phone		Email address	
Property Details where System is located			
Lot No		Section	DP
House No.		Street	
Town/Locality		Area of Property	m ² or ha
Number of bedrooms (including studies, offices)		What is the water source for the building?	
Where is the irrigation area, absorption area or trenches? (Please circle)	Lawn	Landscape Area	Vegetable Garden Other
Approximate trench length	metres	Approximate Irrigation Area size	m ²
If known, how far (in metres) is the on-site sewage system from:	River/Creek _____	Dam _____	Bore/Well _____
	Major Gully System _____	Property boundary _____	
	Wetlands _____	Water Catchment Area _____	
Is the disposal site subject to local or river flooding?	Yes	No	Is roofwater diverted away from the disposal area? Yes No
What type of soil is the on-site sewage system located on? (Please circle)	Sand	Loam	Clay
	Sandy Loam	Alluvial	Unknown
On-Site Wastewater Management System Details			
Type of Treatment System (Please circle one)	Aerated Wastewater Treatment System (AWTS)	Septic Tank	Effluent Pump-Out by Tanker
	Wet Composting Toilet	Waterless Composting Toilet	Cesspit (Pit toilet)
	Absorption Trench	Greywater Treatment Device	Transpiration Area
	Other (Please specify)		

Office Use WO.915.1002.133
Record: _____ Receipt _____
Date _____ Amount _____
File Num U12/15 RN _____
Licence No _____

Please complete both sides of this page

On-Site Wastewater Management System Details - Continued

Method of Disposal	Surface Irrigation	Subsurface Irrigation	Raised Mound
	Evapo-Transpiration	Absorption Trench	Other
Tank Capacity (Litres)	Tank No 1 _____	Tank No 2 _____	Tank No 3 _____

Septic Systems

Pumpouts per year?		Is effluent visible at ground surface?	Yes No
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Aerated Waste Treatment Systems (AWTS)

Is your AWTS maintained on a quarterly basis by a qualified maintenance firm/individual?	Yes No
Name	_____ Phone _____
Address	_____
What is the brand and model of your AWTS?	_____ What is the AWTS tank capacity? _____
Are the irrigation lines fixed/underground?	Yes No Are there any leaks, ponding or effluent run off in the irrigation are? Yes No
Are there warning signs displayed near the irrigation area?	Yes No How many sprinklers are there? _____

Signature of Owner _____ **Date** _____

Please draw the Septic System and Trench Location on Your Property (with measurements from buildings, property boundaries and a north point to assist in easy location)

Please use a dark pen.

Submit this form to:
 Uralla Shire Council
 32 Salisbury Street – PO Box 106
 URALLA NSW 2358

Fax: (02) 6778 6349
 Email: council@uralla.nsw.gov.au
 Phone: (02) 6778 6300