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ON-SITE WASTEWATER MANAGEMENT SYSTEM APPROVAL TO OPERATE

NAME OF APPLICANT: _____

POSTAL ADDRESS: _____

APPLICANT/S REFERENCE: _____

TELEPHONE NO: _____

PROPERTY DESCRIPTION

DISTRICT, TOWN OR VILLAGE: _____

STREET: _____ HOUSE NO: _____

LOT: _____ PORTION: _____ SECTION: _____

DP: _____ PARISH: _____ COUNTY: _____

NEAREST CROSS STREET: _____

OWNER/S FULL NAME: _____

AN APPLICATION FEE IS ENCLOSED HEREWITH.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

OFFICE USE ONLY

DATE RECEIVED: _____ / _____ / _____

CREATED BY: _____

RECEIPTED BY: _____

PRODUCED BY: _____

CHECKED BY: _____

NOTES: _____

RECEIPT NO: _____

AMOUNT PAID: \$ _____

DATE PAID: _____ / _____ / _____

CERTIFICATE NO: SEP

PROPERTY NO: _____

SIGNATURE: _____

DATE POSTED: _____ / _____ / _____

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|---------------------|---------|---------------------------|------------------------|
| Maintained by Dept: | Finance | Effective Date: JULY 2016 | Review Date: JULY 2018 |
| Version: 1 | | | |