



APPLICATION TO TRANSFER APPROVAL TO OPERATE FOR ONSITE SEWAGE MANAGEMENT SYSTEM

Local Government Act 1993 Section 68

OSSM No.:	
Property Address:	
<input type="checkbox"/> House System <input type="checkbox"/> Other System (Greywater/farm shed etc)	

APPLICANT/OWNER DETAILS	
Full Name of contact person:	
Company Name (if applicable):	
Postal Address:	
Contact details (home/mobile):	
Email:	

Owner's Consent: I/We hereby apply to operate the on-site sewage management system on the above property, and will ensure that the system does not pose any risk to public health or the environment.

Owner 1: _____

Owner 2: _____

Type of on-site wastewater management system	Type of on-site wastewater disposal system
<input type="checkbox"/> Aerated wastewater treatment system <input type="checkbox"/> Septic tank <input type="checkbox"/> Greywater treatment system <input type="checkbox"/> Wet/Dry composting toilet <input type="checkbox"/> Other	<input type="checkbox"/> Absorption trench <input type="checkbox"/> Spray irrigation <input type="checkbox"/> Sub-surface irrigation <input type="checkbox"/> Mound system <input type="checkbox"/> Pump-out <input type="checkbox"/> Other _____

DA/CDC No. (if applicable):	Receipt No:	Date:
------------------------------------	--------------------	--------------