

**Send your application to:**

Eurobodalla Shire Council  
89 Vulcan St, Moruya NSW 2537  
(DX 4873 Moruya)  
[council@esc.nsw.gov.au](mailto:council@esc.nsw.gov.au)

**If you have any questions or need help with your application:**

Please contact Council's Environmental Health officers on (02) 4474 1000 or visit our Moruya office between 8.30am-4.30pm weekdays.

**Privacy Statement:** The information you provide on this form is being collected by Council for the purpose of assessing your application and may be disclosed to another government agency as required by law. This information is required for assessment of your application, which may not be accepted or processed if all of the requested information is not provided. Your application will be included in a register that may be viewed by the public at any time. Please contact us if the information you have provided is incorrect, or has changed. Visit [www.esc.nsw.gov.au/privacy](http://www.esc.nsw.gov.au/privacy) for more information.

**Part 1. Property details**

Street No.  Street

Town/ Locality

Lot/ Portion  Section  Deposited/ Strata plan

**Part 2: Applicant details**

Name/ company   
full name, no initials

Postal address

Contact name  Reference   
if not the applicant

Daytime phone  Mobile  Fax

Email address   I agree to receive correspondence about this application by email

Is the applicant the property owner ?  Yes  No **Note:** If the applicant is **not** the property owner, please complete *Part 5. Property Owner details.*

**Part 3. Waste details**

Number of Toilets  Bathrooms  Rooms capable of being used as bedroom

Water supply source  Town water  Rain water  Bore water  Other:

**Part 4. System details**

New system  Existing system  Modification to existing system

**Note:** A modification fee will apply to any OSMS application where Council is satisfied that:

- The proposed modification is of minimal environmental impact, and
- Is substantially the same development as the development for which the consent was originally granted

System type  Septic  Collection well  Wet compost  Dry compost  AWTS  
 Other:

Brand/ model

Tank capacity Septic  Collection well

Disposal type  Trench/ Bed  Mound  Pump-out  Surface Irrigation  Sub-surface irrigation  
 Other:

**Part 5. Property owner details** (please complete if the applicant at *Part 2* is not the owner)

Name/ company   
full name, no initials

Postal address

Daytime phone  Email

**Part 6. Entry onto land**

You are advised that access to your property may be required by authorised officers of Council in order for them to process your application and determine compliance with any consent that may be issued. By the submission of this application or by authorising its submission by another person/s you are consenting to Council staff entering your premises pursuant to Chapter 8, Part 2 of the *Local Government Act 1993*, for the purposes of processing this application and inspecting any on-site sewage management system installed. Access may be made in your absence.

**Please advise any special requirements for access (e.g. locked gates, dogs, alarms, ring first):**

**Part 7. Owner consent**

I/We the undersigned own the property described in this application and consent to its lodgement. I/We hereby permit a duly-authorised officer of Eurobodalla Shire Council to enter the land or premises to carry out inspections required to assess this application, and, if an approval is issued, for the purpose of determining compliance with such approval and provisions of the Act(s), Regulations, Codes and planning instruments relating to onsite sewage management systems. I/we agree to undertake operation of the onsite sewage management system in accordance with any approval granted by Council and conform with the provisions of the relevant Act(s), Regulations, Codes and planning instruments.

Name(s)

Signature  Date  Signature  Date

Signature  Date  Signature  Date

**Part 8. Applicant declaration**

I/We declare to the best of my/our knowledge and belief, that the particulars stated on this application form are correct in every detail and that the information required has been supplied. I/We acknowledge that the application may be returned to me/us if information is found to be missing or inadequate.

Signature  Date  Signature  Date

**Office Use Only**

Application Number T  /

OSMS Application Fee \$  File No.  PIN

Plumbing Compliance \$

Total fees received \$  Receipt #  Date