



REQUEST TO UPDATE OPERATOR DETAILS ON A CURRENT 'APPROVAL TO OPERATE' LICENCE FOR A SYSTEM OF SEWAGE MANAGEMENT

1. PROPERTY WHERE THE SYSTEM OF ON-SITE SEWAGE MANAGEMENT IS LOCATED :

<p>Lot No: _____ DP: _____ Sec: _____</p> <p>Street No. : _____</p> <p>Street: _____</p> <p>Town: _____</p>	<p><u>PROPERTY OWNERSHIP</u></p> <p>Owner/s Name: _____</p> <p>Mailing Address: _____</p> <p>Telephone: _____</p> <p>Email: _____</p>
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2. OPERATOR DETAILS

Note: The nominated operator is the person responsible for the operation, maintenance and overall management of the system, including all other legal responsibilities and duties. This will usually be the owner of the premises.

Owner of premises Other (e.g. managing agent; please specify) _____

Operator Name: _____

Mailing Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____

Operator's Signature: _____

3. SEWAGE MANAGEMENT SYSTEM DETAILS

Type of System:

Septic Tank – Absorption Trench Aerated Treatment – Subsurface Irrigation

Aerated Treatment – Spray Irrigation Aerated Treatment – Absorption Trench/Bed

Other (Please specify) _____

Name of current service contractor providing quarterly servicing: _____
(Aerated Treatment systems **only**)

4. LAND-OWNER'S DECLARATION (all land-owner's to sign)

Name: _____

Signature: _____ Date: _____

Mail completed form to 'The General Manager, Wingecarribee Shire Council, P.O. Box 141, Moss Vale, NSW, 2577', **OR lodge in person** at the Council Civic Centre Elizabeth St Moss Vale, **OR email** to: mail@wsc.nsw.gov.au