

# Activity Application Installation of Greywater System

Section 68 – Part C of the Local Government Act 1993.

Effective from July 2024 to June 2025

**File reference:**  
(Office Use Only)

## About this form

Use this form to apply to:

- Install, construct, or alter a waste treatment device or a human waste storage facility or a drain connected to any such device or facility.
- Operate a system of sewage management (within the meaning of section 68A)

## Documentation

You must attach all the required supporting documents.

Please call our Customer Service Centre on (02) 9391 7000 for any assistance.

## Applicant's details

**Title:**

**Full name:**

**Company name:**  
(if applicable)

**Company contact:**  
(if applicable)

**ABN / ACN:**

**Address:**

**Phone:**

**Email:**

## Site details

**Location of proposed Activity:** (attach plan to show precise location)

**Detailed description of proposed Activity:** (attach extra material if necessary)

**Date(s) & time(s) required for proposed Activity:**

**Date:**

**Start time:**

**Finish time:**

**Special requirements:** (e.g. equipment)

**Installer details** (for Aerated Wastewater Treatment System, Greywater Treatment System and Composting Systems)

**Title:**

**Full name:**

**Company name:**  
(if applicable)

**Company contact:**  
(if applicable)  **ABN / ACN:**

**Address:**

**Phone:**  **Email:**

**Signature of installer:**

**Plumber details** (for all systems)

**Title:**

**Full name:**

**Company name:**  
(if applicable)

**Company contact:**  
(if applicable)  **ABN / ACN:**

**Address:**

**Phone:**  **Email:**

**Licence no:**

**Owners details, declaration and signature**

Being the owner of the property to which this application relates, hereby consent to the making of this application.

**Owner's name:**


**Address:**

**Phone:**  **Email:**

**Signature:**  **Date:**

**Company name:**  
(if applicable)

**Position:**  **ABN/ACN:**

  
Affix Common Seal

I declare that all the information given is true and correct.

I also understand that:

- If incomplete, the application may be delayed or rejected, and that
- More information may be requested within 21 days of lodgement.

## Fees

The fee for this application is \$208.00 plus an hourly rate of \$208.00 per hour or part hour of assessment.

## Privacy and conditions of use

For more information about Privacy & Personal Information Policy: [www.woollahra.nsw.gov.au/privacy](http://www.woollahra.nsw.gov.au/privacy).

## Lodgement details

**Who to contact:** The Environmental Health officer in the Compliance section handling your application.

*If you wish to discuss a proposal with one of our Environmental Health officers, it is essential that you arrange an appointment. We recommend that you consult with a Council Environmental Health officer before lodging this application.*

**Mail to:** Woollahra Municipal Council  
PO Box 61 Double Bay 1360

**In person:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**Email:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)

**Telephone:** (02) 9391 7000

**Website:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

### Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY	Fee type	Fee	Receipt code
To be completed by Council's Cashier and Customer Service Officer GST may be applicable (refer receipt) <i>Retain your receipt as proof of lodgement of the application</i>	Application fee	\$208.00	T34
	Assessment fee per hour or part thereof	\$208.00	T34
	<b>Total</b>		
<b>Cashier:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>

## Have I supplied the required information for the installation of a Greywater Treatment System

When lodging your application, four copies of the documentation must be provided in order for Council to assess your application.

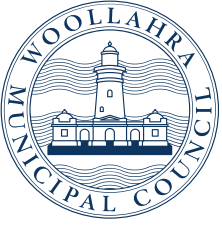
1. Manufacturer's plans and specifications of the installation giving details of capacities, operating techniques, and installation details.
2. An accurately drawn, detailed site plan drawn to scale and showing:
  - a. The position of the house, including aspect
  - b. The sanitary fittings of the house (including toilet(s), bathroom (s), kitchen and laundry wastewater disposal points) with internal and external drainage to wastewater tank(s) and /or sewer marked.
  - c. The position of the greywater tank(s), ensuring at least 1.5m distance between tank and dwelling, property boundaries, driveways, and any impervious surfaces.
  - d. The intended disposal method of treated greywater, including details, plans and specifications of the reuse of the greywater.
  - e. Property boundaries and a brief description of adjoining and adjacent land uses (e.g., dwellings, native bushland, recreation areas, watercourses – including drainage easements, creeks, dams, etc)
  - f. Position of roof, surface, and subsoil drainage pipelines to their point(s) of discharge.
  - g. Positions of any environmentally sensitive areas (including native bushland, watercourses, intermittent waterways, acid sulphate soils, potential acid sulphate soils)

### Note:

1. Failure to supply above information may result in processing delays.
2. Council requires that all wastewater applications be prepared in accordance with recommendations in Environment & Health Protection Guidelines – Onsite Sewage Management for Single Households, and Australian Standard 1547 – Disposal Systems for Effluent from Domestic Premises.
3. Council will assess the application for the above system, and may require a site capability and system design report to be undertaken if:
  - a. The intended irrigation is located within the prescribed buffer distances
  - b. Fill is located in the intended irrigation area.
  - c. The site is located in an environmentally sensitive area
  - d. The only available area for irrigation is also to be used as a recreational area.
  - e. If any major site limitations are present that will impact on the absorption of wastewater or uptake of nutrients.
  - f. The system is not the most suitable for the site.

## Have I supplied the required information for the installation of a Research / Alternative System

Research or alternative systems for onsite management need to be assessed on an individual basis. This type of system will usually require an accompanying site capability and system design report, prepared by a suitably qualified wastewater consultant. Ongoing maintenance, as a condition of approval, will involve regular monitoring of effluent quality AFTER treatment has occurred. It is advisable that applicants contact the Environmental Health & Compliance Team on (02) 9391 7000 before submitting an application to determine the level of detail required in the eventual submission.



# Payment Form

## Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

## Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council**.

Payments should be sent to Woollahra Council at: 536 New South Head Road DOUBLE BAY NSW 2028;  
PO Box 61 DOUBLE BAY NSW 1360

## Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

## Payment particulars

Payment for:

Council reference:

Application address:

## Credit card details

Card type:

Visa

MasterCard

American Express

Card number:

Cardholder name:

Expiry date:

Total amount paid \$:

CVV:

Cardholder signature:

Contact number

## OFFICE USE ONLY

Cashier's name:

Cashier's signature:

Payment processed: Yes

No

Date: