

SECTION 68, LOCAL GOVERNMENT ACT 1993.

For information regarding application fees please see Council's website:
www.thehills.nsw.gov.au

OFFICE USE ONLY

LIC NO:	DATE:
DEBTOR NO:	RECEIPT NO:
ACCOUNT: 731.1000.3448	

SECTION 1 - TYPE OF SYSTEM (Please tick ✓)

<input type="checkbox"/> Aerated wastewater treatment system	<input type="checkbox"/> Biological filtering system
<input type="checkbox"/> Septic tank with pump-out	<input type="checkbox"/> Septic tank with land disposal
<input type="checkbox"/> Greywater treatment system	<input type="checkbox"/> Other

SECTION 2 - APPLICANT INFORMATION

Name:	
Street:	
Suburb:	Post Code:
Work:	Mobile:
Email:	

SECTION 3 - PROPERTY DETAILS

Lot(s):	DP/SP:
Street:	House No.:
Suburb:	Post Code:

SECTION 4 - OWNER'S DETAILS

Name:	
Street:	
Suburb:	Post Code:
Home:	Mobile:
Email:	
Owner's signature:	Date:

I/We own the subject land and consent to Council officers entering the premises for the purpose of carrying out inspections in conjunction with this application, without first giving written notice.

THE HILLS SHIRE COUNCIL

3 Columbia Court, Baulkham Hills NSW 2153
PO Box 7064, Baulkham Hills BC 2153

Phone 02 9843 0555 Email council@thehills.nsw.gov.au
Facsimile 02 9843 0409 www.thehills.nsw.gov.au

SECTION 5 - LOCATION OF YOUR SYSTEM OF SEWAGE

Please provide a sketch showing the location of your system of sewage management.

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WHAT HAPPENS NEXT?

Once your application is received by Council, an Environmental Health Officer will contact you to arrange an inspection, and if satisfactory, an approval to operate will be issued for a period of up to 5 years.

WHAT IF I DON'T MAKE AN APPLICATION?

It is an offence to operate a system of sewage management without an approval to operate. You may be fined \$330 or taken to Court.

WHAT IF MY SYSTEM IS FAILING?

You will be required to repair the system so that it does not cause a risk to public health & safety, or the environment

SECTION 6 - PAYMENT OPTIONS

In person at : Council Administration Building, 3 Columbia Court, Baulkham Hills NSW 2153 (8.30am to 4.30pm, Monday-Friday)
Castle Hill Library, Cnr Castle and Pennant Streets, Castle Hill
Vinegar Hill Memorial Library, 29 Main Street, Rouse Hill Town Centre

No cash payments accepted at libraries. Cheque, Credit Card and EFTPOS accepted.

By post: PO Box 7064, Baulkham Hills BC 2153

Please make cheques payable to The Hills Shire Council. Cheques are subject to clearance.

SECTION 7 - PRIVACY NOTIFICATION

Note: You are advised that this application form is a public document. The personal information that Council has collected or is collecting from you is personal information for the purposes of *the Privacy and Personal Information Protection Act 1998*. The intended recipients of the personal information are:

- officers within the Council;
- data service providers engaged by the Council from time to time;
- any other agent/contractor of the Council; and
- other Statutory Authorities.

The supply of the information by you is not voluntary. If you cannot provide or do not wish to provide the information sought, the Council may be limited in dealing with your request etc. Council has collected this personal information from you in order to process your request/application etc. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PPIPA. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed by the Privacy Officer on ph: 9843 0555.

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Credit Card Payment

PLEASE NOTE: If you are using this form for payment of a Development Application Submission **DO NOT** upload it to the planning portal as your information is not secure. Instead please email your completed form to cscbo@thehills.nsw.gov.au

TO BE COMPLETED IF PAYING BY CREDIT CARD:

Payments are accepted for Visa or MasterCard.

PLEASE TICK PREFERRED OPTION:

Option A – (to be completed if you are submitting credit card details with your application) Council will not store your credit card details.

Reason for payment (please tick) Application Other (please specify)

Cardholder Name

Credit Card Type: Mastercard Visa

Credit Card number

Expiry Date CCV Amount \$

DETAILS FOR MAILING OF RECEIPT

Name

Address

Suburb Postcode

Email

Option B – (to be completed if you require a Council Officer to contact you for payments details)

Name of Person to contact

Name of Company: (if applicable)

Phone

OFFICE USE:

Date	Time	Officer	Details

CONDITIONS OF USE: If you have selected option "B" four (4) attempts will be made to contact you regarding your payment details, if after four attempts we are unsuccessful, your application/request will be returned.

PRIVACY NOTIFICATION: The personal information that Council has collected from you is personal information for the purposes of the Personal Information Protection Act (PIIPA) 1998. The intended recipients of the personal information are Officers within the Council data service providers engaged by the Council from time to time, any other agent/contractor of the Council and other statutory authorities. The supply of the information by you is not voluntary. Council has collected the information from you in order to process your request. You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the PIIPA. Council is to be regarded as the agency that holds the information. If you have any further enquiries concerning this matter, contact Council's Senior Coordinator Governance Services on (02) 9843 0555. General information about the GIPA Act is available by calling the Office of the Information Commissioner on 1800 194 210 (free call) or at its website www.oic.nsw.gov.au.

