



APPLICATION FOR CONNECTION TO COUNCIL'S C.W.M.S. SYSTEM



P.O Box 3, Port Broughton SA 5522
Telephone (08) 8635 2107

Pursuant to the SA Public Health (Wastewater) Regulations 2013, all alterations to wastewater systems including connecting to the CWMS are subject to a wastewater works approval.

This is a statutory document. Failure to provide the correct information is an offence.

An Application, for **each** New Connection to a Council C.W.M.S. System, must be accompanied by the following minimum requirements, as set out below:-

1. Payment of the required fees;
2. A copy of the Certificate of Title for the subject allotment/ land / Site; and,
3. **two copies** of the site plan (minimum scale 1:100) on either A4 or A3 size paper, detailing the following items, as set out below:
 - Allotment boundaries;
 - Location of any buildings (existing or proposed) on the land;
 - Location of any approved Waste Control System;
 - Location of driveways, and driveway crossovers;
 - Location of electricity supply poles on the footpath adjoining the land;
 - Location of Telstra inspection pits;
 - Alignment and distances from the property boundary to the kerb line;
 - Paved footpaths and/or the street water table;
 - Location of drainage /side entry pits in the road adjoining the land.

OFFICE USE ONLY

Record No:

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Date received:

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Assessment No:

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Receipt No:

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NEW CONNECTION TO COUNCIL'S C.W.M.S. SYSTEM - FEE

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LOCATION OF NEW CONNECTION TO C.W.M.S

Street:

Township:

Street Number:

Lot or part Lot number:

Hundred:

Section:

OWNER DETAILS

Owner Name:

Owner Address:

.....

Township: Postcode:

Telephone:

Mobile:

Email:

For further information contact the Barunga West Council
Port Broughton Office, located at 3 Bay Street Port Broughton.

Tel: 8635 2107

Fax: 8635 2596

Email: barunga@barungawest.sa.gov.au

Website: www.barungawest.sa.gov.au



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APPLICANT DETAILS

Applicant Name:	Telephone:
Applicant Postal Address:	Mobile:
.....	Email:
Township: Postcode:	

Tick as appropriate: **Builder** **Plumber** **Other** (please specify)

..... Licence # Licence #

DECLARATION AND SIGNATURE OF OWNER AND APPLICANT

Please Note: Where the applicant is not the owner, then BOTH the owner's signature and the applicant's signature are required, otherwise approval will be delayed. The owner should ensure that this form is completed BEFORE signing.

I/We hereby declare that the information provided in this application, attachments and accompanying plans is true and correct.

Penalties apply for the provision of false or misleading information.

Owners signature **Date**

Applicant's signature **Date**

Should you have any questions, or assistance is required with this form please contact Council on (08) 8635 2107.

MANDATORY INSPECTIONS:

Persons undertaking the installation of the system are required to give the Council one (1) business day's notice before:

- Covering Drains from the Septic Tank connection
- Connection to the CWMS

All inspections are at the discretion of the Council's Authorised Officer.

GENERAL CONITIONS:

- A Certificate of Compliance is required
- All inspection openings to surface level are to have a pre-cast concrete IP surround.
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APPROVAL TO CONNECT TO COUNCIL'S CWMS: Signed **Date**

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