

**Form 10—Application for a treatment plant approval**

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| **GENERAL NOTES: This form is to be used for treatment plant approval, treatment plant testing approval, amendments to existing treatment plant approvals or transfer of ownership of an existing treatment plant approval (under Part 4 of the Plumbing and Drainage Regulation 2019 (PDR). Application details and all required documentation as stated in Schedule 5 of the PDR must be completed and submitted with this form. Completion of all applicable sections is mandatory.** |
| 1. **Applicant details**

In lodging this application, the applicant is responsible for ensuring the information provided is true and correct. | Full name of company *(or individual if not a company)*

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Registered Business Number (ABN) or Australian Company Number (ACN)

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Address

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|       Postcode       |

Email

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| 1. **Contact details**

Details of person authorised on behalf of the company to apply for treatment plant approval. | Name Position

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Phone Email

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| 1. **Application details**

Please tick the appropriate box to indicate what approval is being sought. | **Testing treatment plant approval for:**[ ]  an on-site sewage treatment plant or greywater treatment plant**Treatment plant approval for:**[ ]  an on-site sewage treatment plant or greywater treatment plant**Amendment approval for:**[ ]  an on-site sewage treatment plant or greywater treatment plant with an existing treatment plant approval number**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Transferring ownership approval for:**[ ]  an on-site sewage treatment plant or greywater treatment plant with an existing treatment plant approval number**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Treatment plant details**
 | [ ]  on-site sewage treatment plant [ ]  greywater treatment plant Treatment plant brand: Treatment plant model:

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**Treatment plant performance criteria:**[ ]  secondary quality [ ]  secondary quality with nutrient reduction capability[ ]  advanced secondary quality[ ]  advanced secondary quality with nutrient reduction capability |
| 1. **Location of treatment plant test site**

Note: Applicants applying for treatment plant testing approval must provide ‘in-principal’ agreement from the relevant local government authority before the system can be installed | Address of test site

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Local government area

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Local government contact person

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Phone Email

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| 1. **Transfer of ownership**
 | Full name of new company *(or individual if not a company)*

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Registered Business Number (ABN) or Australian Company Number (ACN)

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Address *(number, street, suburb and postcode)*

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Full name of person authorised to transfer ownership

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Phone Email

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| 1. **Postal details for applications**
 | Chief Executive OfficerC/- Director— Strategic Policy (Plumbing, Drainage and Special Projects)Building Legislation and Policy | Department of Housing and Public WorksLevel 7, 63 George Street BrisbaneGPO Box 2457 Brisbane Qld 4001 |
| **PRIVACY NOTICE**: The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government’s financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*. **RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations and is subject to the Right to Information regime established by the *Right to Information Act 2009*.  |

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| **OFFICE USE ONLY** | **DATE RECEIVED** |  | **RECEIVING OFFICER’S NAME/S** |  | **REFERENCE NUMBER/S** |  |

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