Planning Checklist
On-Site Wastewater Disposal

Please note that this form MUST be completed by a licensed plumber or drainer and returned to Council within 30 days of receipt. If the Plumber/Drainer identifies any issues that may impact on the operation of the system, Council's Health Department will investigate the issue and may require the owner to carry out works.

Section 1. Property Details

Property Address _____

Property Owner _____

System Permit No. _____

If the system does not have a permit, fill in the below details

Year of installation (if unknown, year of house construction) _____

Tank Size _____ (L)

No. of bedrooms _____ Spa Yes ☐ No ☐ _____ (L)

System details (Name, type of treatment and distribution method) _____

Section 2. On-Site Wastewater System Details.

Septic Tank

Has the tank been desludged within the last three years Yes ☐ No ☐

Date Desludged _____ Attach receipt of desludge

If tank has not been desludged, please note current usage conditions and estimate of when a desludge may be required. (Ie.Occupied by two people, last desludged 5 years ago, expect desludge needed within two years)

_____

_____

_____

Tank appears to be watertight and in good condition	Yes ☐	No ☐
Septic tank lids are intact and sufficiently sealed	Yes ☐	No ☐
If an effluent filter is present it is clear of debris	Yes ☐	No ☐

Aerated Wastewater Treatment Systems

The system is functioning as designed	Yes ☐	No ☐
Maintenance contract and record of last maintenance check	Yes ☐	No ☐

Sand Filters

The system is functioning as designed	Yes ☐	No ☐
Has the surface of the sandfilter been built over or damaged	Yes ☐	No ☐
Sand filter area is free from surface water runoff	Yes ☐	No ☐

Pump System and Alarms

The pump is working as designed	Yes ☐	No ☐
The alarm is working as designed	Yes ☐	No ☐
Electrical components are sufficiently protected from moisture	Yes ☐	No ☐

Effluent Distribution System

All effluent is contained within the property boundary	Yes ☐	No ☐
Has the area been built over or damaged	Yes ☐	No ☐
Area is free from surface water runoff	Yes ☐	No ☐
System is functioning as designed	Yes ☐	No ☐
Distribution pits adequately sealed, not damaged and working effectively	Yes ☐	No ☐

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Water Quality		
Biological Oxygen Demand is ≤20mg/L and Suspendid Solid is ≤30mg/L	Yes ☐	No ☐
Please attach results of last water quality test.		

Provide detail for any of the above questions answered "NO"

Recommended actions required to meet the current EPA Code of Practice and Australian / New Zealand Standard for on-site wastewater management

Site Plan. Please complete a drawing of the site plan using the template on page 3.

Inspection Particulars.

Date of Inspection DD / MM / YYYY

Plumber / Drainer Name

Company Name

Licence Number

Mobile Phone Number

Signature

DD / MM / YYYY
Date

The information requested on this form is being collected by Council to ensure the on-site treatment system complies with
1. *Environment Protection Act 1970*
2. State Environment Protection Policy - Waters of Victoria 2003
3. Baw Baw Shire Council Septic Permit to Use Conditions

If this information is not collected and conditions of the permit are not complied with, a $1,554 Infringement Notice can be issued under the *Environment Protection Act 1970*.

You can gain access to your information by contacting Council's Freedom of Information/Privacy Officer

Please complete and return this form to:

Baw Baw Shire
Health Office
PO Box 304 Warragul 3820

or

Email to
health@bawbawshire.vic.gov.au

Planning Checklist

On-Site Wastewater Disposal

Section 3. Plan Drawing

Include where present,

- ☐ All parts of wastewater treatment system including; tanks, treatment systems, distribution pits, inspections points, land application area and dimensions of lines
- ☐ House / dwelling
- ☐ Setback distances to; buildings, boundaries, side cuts, waterways, bores
- ☐ Driveways and roads
- ☐ Drainage and stormwater infrastructure
- ☐ Fall of land
- ☐ Position of North
- ☐ Drawing does not have to be to scale but all distances should be shown on map