



Application Additional Fixtures Only

Section 1: LAND DETAILS

Unit Number:	Street Number:	Street Name:
Town:	Postcode:	

Section 2: PERMIT APPLICANT

Name:						
Business:						
Postal Address:					Postcode:	
Telephone No. (H)		(W)		(M)		
Email Address:						

Section 3: OWNER DETAILS (If different to the Applicant)

Name(s):						
Postal Address:					Postcode:	
Telephone No. (H)		(W)		(M)		
Email Address:						

Section 4: Proposal Details

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Section 5: Plumber / Drainer Details

Name:						
Business:						
Postal Address:					Postcode:	
Telephone No. (H)		(W)		(M)		
Email Address:						

Section 6: System Details

Property Details							
No of Bedrooms			No of persons (MAX)				
No of Fixtures connected to system			Other connections				
Dishwasher?			Spa?			Spa Size	
Septic System Details (select all applicable)							
	Septic Tank		Treatment Plant		Other – Specify		
Disposal method							
	Transpiration Lines	Length		Width		Depth	
	Sand Filter	Length		Width		Depth	
	Irrigation Field	SQM Size					
	Other						
Please Provide Details							

Section 8: DECLARATION This form must be signed.

A. I declare that I am the Applicant and all information given is true and correct.	Applicant signature:	Date:
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CHECK LIST Please ensure you have included the following items with your application form. *Failure to provide all the information above may result in a delay in the processing of the application.*

- ☐ A fully completed and signed copy of this form.
- ☐ The application fee (if not already paid). Contact Council to determine the appropriate fee.
- ☐ Provided plans showing the layout and details of the proposal
- ☐ Site Plan / Septic System Plan
- ☐ Complete attached "Septic System Checklist"

PLEASE FORWARD THIS APPLICATION TO

E-mail:	Health@bawbawshire.vic.gov.au	Mail:	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
Phone:	5624 2411		
In Person:	Customer Service Centre	33 Young Street Drouin	

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.
If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.



Septic Information 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) _____		
TankSize _____ (L)		
No.ofbedrooms _____	Spa Y€ <input type="checkbox"/> N <input type="checkbox"/>	_____ (L)
System details		
(Name, treatment distribution method)	_____ type _____	_____ of _____ and _____
Section 2. On-Site Wastewater System Details.		
Septic Tank		
Has _____ the _____ tank _____ <input type="checkbox"/> een <input type="checkbox"/>		
desludged _____ within _____ the _____ last		
three _____ years	Yes	No
DateDesludged _____	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 Septic tank lids are intact and sufficiently sealed		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If an effluent filter is present it is clear of debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aerated Wastewater Treatment Systems		
The system is functioning as designed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintenance contract and record of last maintenance check	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sand Filters		
The system is functioning as designed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the surface of the sandfilter been built over or damaged	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sand filter area is free from surface water runoff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pump System and Alarms		
The pump is working as designed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The alarm is working as designed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical components are sufficiently protected from moisture	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Effluent Distribution System		
All effluent is contained within the property boundary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the area been built over or damaged	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Area is free from surface water runoff	Yes <input type="checkbox"/>	No <input type="checkbox"/>
System is functioning as designed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Distribution pits adequately sealed, not damaged and working effectively	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water Quality		
Biological Oxygen Demand is ≤20mg/L and Suspended Solid is ≤30mg/L	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 - Onsite Wastewater Management 891.4 OR

Provide comment if the existing septic system can contain all effluent from the proposed works and existing buildings on site, in accordance with the EPA Code of Practice - Onsite Wastewater Management 891.4

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 or
Health Office
PO Box 304 Warragul 3820

Email to
health@bawbawshire.vic.gov.au

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

