

## Report and Consent Only

Section 1: LAND DETA	AILS	1						
Unit Number:	Street Number:	Street Name:						
Town:		Postcode:	Postcode:					
Section 2: PERMIT AP	PLICANT							
Name:								
Business:								
Postal Address:								
, , , , , , , , , , , , , , , , , , , ,				Postcode:				
Telephone No. (H)		(w)	(M)					
Email Address:								
Section 3: OWNER DI	ETAILS (If different to the Ap	oplicant)						
Name(s):		,						
Postal Address:				Postcode:				
Telephone No. (H)		(w)	(M)					
Email Address:		1 1	<u>'</u>					
Section 4: Proposal	Details							
	<b>30</b> (33							
Section 5: Plumber ,	/ Drainer Details							
Name:	Didnor Decans							
Business:								
Postal Address:				Postcode:				
Talanhana Na (II)		(141)	(14)	Tostcode.				
Telephone No. (H)		(w)	(M)					
Email Address:								

### Section 6: System Details

Property Details												
No of Bedrooms						р	No of persons (MAX)					
No of Fixtures connected to system							Other connections					
Dishwasher?					S	Spa?				Spa Size		
Sept	tic System Details	(selec	et all ap	plica	ble)							
	Septic Tank		Trea	tment	Plant		Othe	er – Spe	ecify			
Disp	osal method											
	Transpiration Lines Length			W	Vidth		Depth					
	Sand Filter		Leng	th			V	Vidth	Depth			
	Irrigation Field SQM SIze											
Other												
Please Provide Details												

## Section 8: DECLARATION This form must be signed.

<b>A</b> . I declare that I am the Applicant and all information given is true and correct.	Applicant signature:	Date:

above m	ay 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"

CHECK LIST Please ensure you have included the following items with your application form. Failure to provide all the information

### PLEASE FORWARD THIS APPLICATION TO

E-mail: <u>Health@bawbawshire.vic.gov.au</u> **Mail**: Health Department, Baw Baw Shire Council

PO Box 304

Warragul VIC 3820

Phone: 5624 2411

In Person: Customer Service Centres 1 Civic Place Warragul OR 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.			
System remit ivo.	If the system does not have a permit, fill in the belo	ow 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 W	astewater System Details.		
	Septic Tank		
Has the tank been d	lesludged within the last three years	Yes	No 🗌
Date Desludged	Attach receipt of desludge		
	desludged, please note current usage conditions and e		
be required. (Ie.Occu)	pied by two people, last desludged 5 years ago, expect desludge nee	eded within two years	5)
Tank annears to he	watertight and in good condition	Yes 🗌	No $\square$
			No $\square$
If an effluent filter is present it is clear of debris  Yes			No 🗆
u cuc.ic inter it			
The system is functi	Aerated Wastewater Treatment Systems	Yes $\square$	No $\square$
Maintenance contra	Yes $\square$	No $\square$	
atenance contin	Sand Filters		
The system is functi		Yes 🗍	No 🗍
	he sandfilter been built over or damaged	Yes 🗍	No 🗍
Sand filter area is fr	ee from surface water runoff	Yes	No 🗌
	Pump System and Alarms		
The pump is workin	g as designed	Yes 🗌	No 🗌
The alarm is workin	Yes	No 🗌	
Electrical components are sufficiently protected from moisture  Yes No			
	Effluent Distribution System		
	ined within the property boundary	Yes	No 🗌
	ouilt over or damaged	Yes 🗌	No 🗌
Area is free from su		Yes	No 🗌
System is functionin		Yes	No 🗌
Distribution pits ade	Yes	No L	



## Septic Information Checklist On-Site Wastewater Disposal

1 1/1	tor Quality
Biological Oxygen Demand is ≤20mg/L and Susper Please attach results of last water quality test.	ter Quality did Solid is ≤30mg/L Yes No
ricase attach results of last water quality test.	
Provide detail for any of the above questions answ	vered "NO"
Recommended actions required to meet the curre Standard for on-site wastewater management	nt EPA Code of Practice and Australian / New Zealand
Site Plan. Please complete a drawing of the site pla	n using the template on page 3.
Inspection Particulars.	
inspection rarticulars.	
Date of Inspection DD / MM / YYYY	
Plumher / Drainer Name	Company Name
Plumber / Drainer Name	Company Name
Plumber / Drainer Name	Company Name
Plumber / Drainer Name Licence Number	Company Name  Mobile Phone Number
· 	Mobile Phone Number
· 	
Licence Number Signature	Mobile Phone Number
Licence Number  Signature  The information requested on this form is being co	Mobile Phone Number  DD / MM / YYYY
Licence Number  Signature  The information requested on this form is being consystem complies with  1. Environment Protection Act 1970	Mobile Phone Number  DD / MM / YYYY  Date  Dllected by Council to ensure the on-site treatment
Licence Number  Signature  The information requested on this form is being consystem complies with  1. Environment Protection Act 1970  2. State Environment Protection Policy - Waters of	Mobile Phone Number  DD / MM / YYYY  Date  Dllected by Council to ensure the on-site treatment  F Victoria 2003
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Licence Number  Signature  The information requested on this form is being consystem complies with  1. Environment Protection Act 1970  2. State Environment Protection Policy - Waters of 3. Baw Baw Shire Council Septic Permit to Use Constitution of this information is not collected and conditions and Infringement Notice can be issued under the Environment Protection Policy - Waters of the Council Septic Permit to Use Constitution of the Council Septic Permit to Use Constitu	Mobile Phone Number  DD / MM / YYYY  Date  Dilected by Council to ensure the on-site treatment  F Victoria 2003 Inditions  of the permit are not complied with, a \$1,554

Baw Baw Shire or

Health Office

PO Box 304 Warragul 3820

health@bawbawshire.vic.gov.au



# Septic Information Checklist On-Site Wastewater Disposal

### **Section 3. Plan Drawing**

Inclu	de 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					