



Application for New or Alteration to a Septic System

Section 1: LAND DETAILS

Unit Number:		Street Number:		Street Name:	
Suburb				Postcode:	

Section 2: PERMIT APPLICANT

Contact Name:						
Business Name (if applicable)						
Postal Address:	Unit		Street Address			
	Suburb				Postcode:	
Telephone No. (H)			(W)		(M)	
Email Address:						

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

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

Section 4: PROPOSAL

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Section 5: PLUMBER / DRAINER DETAILS

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

Section 6: DETAILS

What will the system be installed for?							
What will be premises be used for?							
No of Bedrooms				No of Persons (MAX)			
No of Fixtures connected to System				Other connections			
Dishwasher			Spa			Spa Size	
Water Supply		Private		Mains		Other – Specify	
Septic System Details (Select all Applicable)							
	Septic Tank		Treatment Plant		Other – Specify		
	Pump Pit		Diameter		Depth		Volume
	Transpiration Lines		Length		Width		Depth
	Sand Filter		Length		Width		Depth
	Irrigation Field		SQM Size		Other		
	Alarm		Audible		Visual	Location	

Section 7: SITE INFORMATION (Please tick as applicable)

Setbacks (Table 5 Septic Tank Code of Practice 2016)		Please mark all distances on the site plan.	
<input type="checkbox"/> Surface Waters		<input type="checkbox"/> Stormwater Drain	
<input type="checkbox"/> Allotment Boundaries		<input type="checkbox"/> Bore	
<input type="checkbox"/> Site Cut		<input type="checkbox"/> Building	
<input type="checkbox"/> Services			
Ground Type?	<input type="checkbox"/> Natural Ground		
	<input type="checkbox"/> Fill – is not suitable for absorption trenches		
Slope?	<input type="checkbox"/> Slope _____ % If excessive slope may require a LCA		
Levels & Falls			
Have the site levels been taken?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can suitable fall be obtained from the septic tank outlet to the distribution pit without the use of a Pump?		<input type="checkbox"/> Yes <input type="checkbox"/> No - Pump to be installed	
Site Feature	Observation	Notes	
Is there adequate exposure to sun and wind in the proposed Land Disposal Area (LDA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO (LCA required)		
Will there be a suitable vegetation cover over the proposed LDA?	<input type="checkbox"/> YES <input type="checkbox"/> NO (LCA required)		
Will stormwater run-off be adequately managed over proposed LDA?	<input type="checkbox"/> YES <input type="checkbox"/> NO (LCA required)		
Does the proposed LDA adequately address any issues relating to localised poor drainage?	<input type="checkbox"/> YES <input type="checkbox"/> NO (LCA required)		
Is the seasonal high groundwater level deeper than 1.5m?	<input type="checkbox"/> YES <input type="checkbox"/> NO (LCA required)		

Soil Features		
One confirmatory borehole should be dug in each proposed LAA to a minimum depth of 600mm. The following parameters should be assessed in accordance with Appendix 4.1D of AS/NZS 1547:2000. Please include basic diagram of soils and depths.		
Was groundwater encountered when digging the borehole?	<input type="checkbox"/> YES (If "YES" LCA required)	<input type="checkbox"/> NO
Is mottling present?	<input type="checkbox"/> YES (If "YES" LCA required)	<input type="checkbox"/> NO
Soil Structure (as described in AS/NZS1547:2000):	-----	
Soil Texture (as described in AS/NZS1547:2000):	-----	
Surface Soil Depth:	-----mm	

Section 8: PLUMBER DECLARATION

I _____ being the licensed plumber/ drainer engaged for the proposed waste disposal system certify that I have inspected the site of the proposed system and have provided the information / system design contained in this application for assessment by Council under the Environment Protection Act 1970 & Guidelines for Environmental Management: Code of practice – Onsite wastewater management 2013. I acknowledge that Council will rely on the information contained in this application in deciding approval or refusal and I certify that the information provided is true and correct. I understand that council will endeavour to conduct their own assessment as to the appropriateness of the proposed system.		
I declare that I am the Plumber and all information given is true and correct.	Plumber Signature:	Date:

Section 9: APPLICANT DECLARATION This form must be signed.

I declare that I am the Applicant and all information given is true and correct.	Applicant signature:	Date:
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Section 10: PROPOSED SITE PLAN

Please include where present (Drawing does not have to be to scale but all distances should be shown on map)

	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, dams, bores
	Driveways and roads
	Drainage and stormwater infrastructure
	Fall of land
	Position of North

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).
- ☐ Provided plans showing the Floor plan and details of the proposal
- ☐ Site Plan / Septic System Plan
- ☐ Provided LCA (If required)
- ☐ Full and current copy of title and title plan (no older than 60 days) for each individual parcel of land forming the subject site. The title includes: the covering register search statement, the title plan and the associated title documents (known as instruments)

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 Centres 1 Civic Place Warragul OR 33 Young Street Drouin		

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Office Use Only					
Registration Number		Date Received		Receipt number	
Notes					