



# Report and Consent Only

## Section 1: LAND DETAILS

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

## Section 2: PERMIT APPLICANT

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

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

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

**Section 6: System Details**

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

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

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

<b>E-mail:</b> <a href="mailto:Health@bawbawshire.vic.gov.au">Health@bawbawshire.vic.gov.au</a>	<b>Mail:</b> Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
<b>Phone:</b> 5624 2411	
<b>In Person:</b> 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)	_____
Tank Size _____ (L)	
No. of bedrooms _____	Spa Yes <input type="checkbox"/> No <input type="checkbox"/> _____ (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	
<i>Date Desludged</i> _____ <i>Attach receipt of desludge</i> _____	
If tank has not been desludged, please note current usage conditions and estimate of when a desludge may be required. (i.e. 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 sand filter 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 $\leq 20$ mg/L and Suspended Solid is $\leq 30$ mg/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"**

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**Recommended actions required to meet the current EPA Publication: Guidelines for onsite wastewater management.**

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**Provide comment if the existing septic system can contain all effluent from the proposed works and existing buildings on site, in accordance with the current EPA Publication: Guidelines for onsite wastewater management.**

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**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](mailto: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

