



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, treatment distribution method)	_____ type _____ of _____ and _____
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 ≤ 20 mg/L and Suspended Solid is ≤ 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"

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

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.

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

