



# Application for a Permit to Install or Alter a Septic Tank System

Southern Grampians Shire Council

Tel: 03 5573 0256 [www.sthgrampians.vic.gov.au](http://www.sthgrampians.vic.gov.au)

Council Use Only

Application Number :-

Application Date:-

Ledger Number:-

Fields marked with an asterisk (\*) are mandatory and must be completed.

## Council Specific Information

Please use this form to apply to Southern Grampians Shire Council to either install a Septic System or alter an existing Septic System. Please note that you cannot install or alter the system until Council has approved the application.

## Application Type

Please select what you wish to do \*:  Install a new system  Alter an existing system

## Applicant Details

Is the applicant owner or an agent of the owner?  Owner  Agent of Owner

Title\*  Surname\*  Given Name\*

### Address

PO Box  GPO Box  Locked Bag  Private Bag  RRN  RSD

Street Address/ Postal Address\*

Suburb / Town\*  State\*  Postcode\*

Please provide at least one phone number and include the area code \*

Business Phone  After hours phone  Business Fax  Mobile

Email

## Property owner details

Title\*  Surname\*  Given Name\*

### Address

PO Box  GPO Box  Locked Bag  Private Bag  RRN  RSD

Street Address/ Postal Address\*

Suburb / Town\*  State\*  Postcode\*

Please provide at least one phone number and include the area code \*

Business Phone  After hours phone  Business Fax  Mobile

Email

## Site address for installation / alteration

Same as property owner details

### Address

PO Box     GPO Box     Locked Bag     Private Bag     RRN     RSD

Street Address \*

Suburb / Town \*

State \*

Postcode \*

Formal Land Description information can be found on the certificate of title

Lot no.

Subdivision plan no.

Lodged plan

Title plan (Volume)

Title plan (Folio)

Crown allotment No.

Section No.

Parish Name

## Plumber / Drainer

### Plumber

Is the plumber also the drainer / contractor?    Yes/No

*Person responsible for installation or alteration work for the septic tank - if not the plumber.*

Title \*

Surname \*

Given Name \*

### Address

PO Box     GPO Box     Private Bag     Locked Bag     RMB     RSD

Street Address/ Postal Address \*

Suburb / Town \*

State \*

Postcode \*

Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

License Number \*

### Plumber 2

Title \*

Surname \*

Given Name \*

### Address

PO Box     GPO Box     Private Bag     Locked Bag     RMB     RSD

Street Address/ Postal Address \*

Suburb / Town \*

State \*

Postcode \*

Please provide at least one phone number and include the area code \*

Business Phone

( )

After hours phone

( )

Business Fax

( )

Mobile

( )

Email

License Number \*

### Drainer / Contractor

Title\*

Surname\*

Given Name \*

#### Address

PO Box     GPO Box     Private Bag   

Street Address/ Postal Address\*

Suburb / Town\*

Please provide at least one phone number and include the area code \*

Business Phone

( )

After hours phone

( )

Business Fax

( )

Email

License Number \*

## Building Details

Type of Building (House, Factory, Office, Shop, Other)

Number of bedrooms (including studies)

Number of people expected to use the system per day

#### Number of fixtures

List proposed number of fixtures to be connected to the proposed septic system.

Fixture type

Quantity

Toilets	
Spas	
Baths	
Showers	
Sinks	
Basin	
Troughs	
Dishwashers	

## System details

Proposed installation / alteration date\*

Septic tank capacity (litres)

Waste water treatment system

Model name

Certificate of Conformity Number

Method of effluent disposal (Please enter the method by which the blackwater from the septic tank will be discharged.)

Method type \*

Effluent lines width \*

Effluent lines length \*

Method types – irrigation system, absorption trenches, transpiration bed, dome drain, 90mm slotted UPVC (AG drain), Sand Filtering discharge on-site

### Absorption trenches

Length (m) \*

Width (m) \*

Depth (m) \*

### Irrigation system

Sub - surface (m2) \*

Surface (m2) \*

### Sand filter / Polishing sand filter details

Length (m) \*

Width (m) \*

Depth (m) \*

## Supporting Documents

**Certificate of Title** – Only (1) copy. If providing attachment electronically, please supply as: jpeg; doc; pdf  
A copy of a current Certificate of Title for Allotment, including a Plan of Subdivision

**Locality Map** – Only (1) copy. If providing attachment electronically, please supply as jpeg; doc; pdf  
A general locality map, including directions on how to locate and identify the property.

**Block Plan and Title Plan** – Only (1) copy) If providing attachment electronically, please supply as jpeg; doc; pdf  
Provide block plan (minimum scale 1:100) showing the location of the premises including street/lot number, location of all nearby streets, dimensions of all boundaries, location and dimensions of all buildings or proposed buildings, easements, streams, water tanks, swimming pools, excavations, driveways, gas pipes and underground services, stormwater drains, water pipes, existing tank systems; location of proposed septic tank, treatment plant and effluent disposal system, position of north and fall of the land.

**Floor Plan** - Only (1) copy. If providing attachment electronically, please supply as: jpeg; doc; pdf  
A detailed floor plan of the dwelling. Clearly distinguish between existing and proposed details.

**Owners Certification** - Only (1) copy. If providing attachment electronically, please supply as: jpeg; doc; pdf  
If applicant is not the owner please provide written authorisation from the owner if the form is signed by someone other than the owner.

**System Layout Plan** - Only (1) copy. If providing attachment electronically, please supply as: jpeg; doc; pdf  
A detailed plan and section (scale of not less than 1:100) of all parts of the proposed septic system, showing all dimensions and grades (including any applicable dams and wells)

**Specifications** - Only (1) copy. If providing attachment electronically, please supply as: jpeg; doc; pdf  
Specifications describing materials to be used in the construction and where required by the Council's Authorised Officer, other additional information necessary to show that the septic system will, if constructed in accordance with such specifications, comply with regulations.

**Summary of data calculations** - Only (1) Copy. If providing attachment electronically, please supply as: doc;xls;pdf  
Provide a summary of calculations used to size system components.

**Plan of Effluent Disposal Area** - Only (1) Copy. If providing attachment electronically, please supply as: doc;pdf  
Provide a full description of the proposed means for treating the effluent.

**Additional Information As Requested By Council** - Only (1) Copy. If providing attachment electronically, please supply as: jpeg;doc;pdf  
If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application

## Payment Details

The applicable fee for the installation or alteration of a waste water treatment system (septic tank system)

### Fee

- |   |                       |
|---|-----------------------|
| 1 a) Installing or alteration of a waste water treatment system (septic tank system)  | \$500.00 (GST Exempt) |
| b) Fast Track Installing or alteration of a waste water treatment system (septic tank system)<br>Application determined within 14 days of lodgment (* conditions apply) | \$750.00 (GST Exempt) |
| 2) Waste water treatment system (septic tank system) inspection   | \$215.00 (GST Exempt) |

- **Fast Track application conditions**

*Payment and all documents listed in Supporting documents section must be submitted with completed Installing or alteration of a waste water treatment system application to the satisfaction of Council's Authorised Environmental Health Officer.*

## Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge.
- This application forms a legal document and penalties exist for providing false or misleading information.
- Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

By marking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Date \*

Signature of person completing this application \*

## Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: [http://www.sthgrampians.vic.gov.au/Page/Page.asp?Page\\_Id=263&h=-1](http://www.sthgrampians.vic.gov.au/Page/Page.asp?Page_Id=263&h=-1)

## Lodgement

In order to successfully lodge this form please use the details provided below:

**POST:**  
Southern Grampians Shire Council  
Environmental Health  
Locked Bag 685  
Hamilton Vic 3300

Email: [council@sthgrampians.vic.gov.au](mailto:council@sthgrampians.vic.gov.au)  
Website: [www.sthgrampians.vic.gov.au](http://www.sthgrampians.vic.gov.au)  
Telephone: 03 5573 0256

**IN PERSON:**  
1 Market Place  
Hamilton Vic 3300

**FAX:**  
03 5571 1068