



# Application for a Permit to Install or Alter a Wastewater System

Warrnambool City Council

(03) 5559 4800

[www.warrnambool.vic.gov.au](http://www.warrnambool.vic.gov.au)

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

Application Type				
Please select what you wish to do? *	<input type="checkbox"/>	Install a Septic Tank System	<input type="checkbox"/>	Install an Onsite Wastewater Treatment System
	<input type="checkbox"/>	Alter a Septic Tank System	<input type="checkbox"/>	Alter an Onsite Wastewater Treatment System

Applicant details			
Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address / Postal address *			
<input type="text"/>			
Suburb / Town *		State *	Postcode *
<input type="text"/>		<input type="text"/>	<input type="text"/>
Please provide at least one phone number and include the area code *			
Business Phone	Home Phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Property Owner details (if different to Applicant Details)			
Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address / Postal address *			
<input type="text"/>			
Suburb / Town *		State *	Postcode *
<input type="text"/>		<input type="text"/>	<input type="text"/>
Please provide at least one phone number and include the area code *			
Business Phone	Home Phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

### Site Address for Installation / Alteration

*This information can be found from your Certificate of Title or Rates Notice.*

Street / Road Number \*

Street / Road Name \*

Suburb / Town \*

State\*

Postcode \*

### Building Details

House

Factory

Office

Food Premises

Other

Please specify the number of bedrooms

(\*NOTE – a study is regarded as a potential bedroom)

Is the household fitted with full water-reduction fixtures?  Yes  No

(\*NOTE - WELS-rated water-reduction fixtures and fittings – minimum 4 stars for dual-flush toilets, shower-flow restrictors, aerator taps, flow/pressure control valves and minimum 3 stars for all appliances (e.g. water-conserving automatic clothes washing machines)).

If you would like a copy of the Permit to Install and Approval to Use Certificates to be provided to your builder and/or building surveyor when they are issued, please complete their details below.

Builder Name

Email

Building Surveyor Name

Email

### System Details

#### Septic Tank System

Size of Tank (Litres)

Trench length (m)

Trench Depth (mm)

Trench Width (mm)

Method of Effluent Disposal

90ml Slotted PVC

Plastic Arching

#### Onsite Wastewater Treatment System

Make / Model Name

EPA approval Number

Size of Effluent Field (m<sup>2</sup>)

### Site Details

Please select the most appropriate soil type:

Sand & Gravels

Sandy Loams

Loams

Clay Loams

Light Clays

Medium / Heavy Clays

<b>Installation of a Septic Tank System Only</b>		
Is the Wastewater Envelope (effluent trenches) within 60m from a dam and / or watercourse?	Yes	No
Is the Wastewater Envelope (effluent trenches) within 100m from a potable waterway?	Yes	No
Is the Wastewater Envelope (effluent trenches) within 20m from a non-potable bore?	Yes	No
<b>Installation of Onsite Wastewater Treatment System Only</b>		
Is the Wastewater Envelope (sub-surface irrigation) within 30m from a dam and / or watercourse?	Yes	No
Is the Wastewater Envelope (sub-surface irrigation) within 50m from a potable waterway?	Yes	No
Is the Wastewater Envelope (sub-surface irrigation) within 20m from a non-potable bore?	Yes	No
<b>If the site is less than 1,000 m<sup>2</sup></b>		
Is the slope of the effluent field greater than 5%?	Yes	No
Has a Land Capability Assessment been undertaken for this site?	Yes	No
Has a site specific wastewater management (design & construction) plan been developed for this site?	Yes	No

<b>Plumber Details</b>		
Title *	Surname *	Given name(s) *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address / Postal address *		
<input type="text"/>		
Suburb / Town *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide at least one phone number and include the area code *		
Telephone	Fax	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Victorian Registration License Number	Expiry Date	
<input type="text"/>	<input type="text"/>	
<p><b>Note: All plumbing and drainage works must be carried out by a Victorian registered plumber. A certificate of Compliance must be completed by the plumber and submitted to Council within seven (7) days of the completion of all works.</b></p>		

<b>Supporting Documents</b>	
<i>Required document to be submitted with all applications*</i>	
<input type="checkbox"/> Site Plan of Proposed Installation*	<input type="checkbox"/> Footings / Soil Report. *
<input type="checkbox"/> Floor plan of Dwelling / outbuildings (sheds, etc.) *	<input type="checkbox"/> Land Capability Assessment

<b>2018 / 2019 Payment details</b>
<p><b>Installation Fee = \$550.00</b></p> <p>Minor alterations (changes to disposal field only) = \$275.00</p>

**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
- I am over 18 years at the time of completing this application

Signature

Signature

Print Name

Print Name

Date

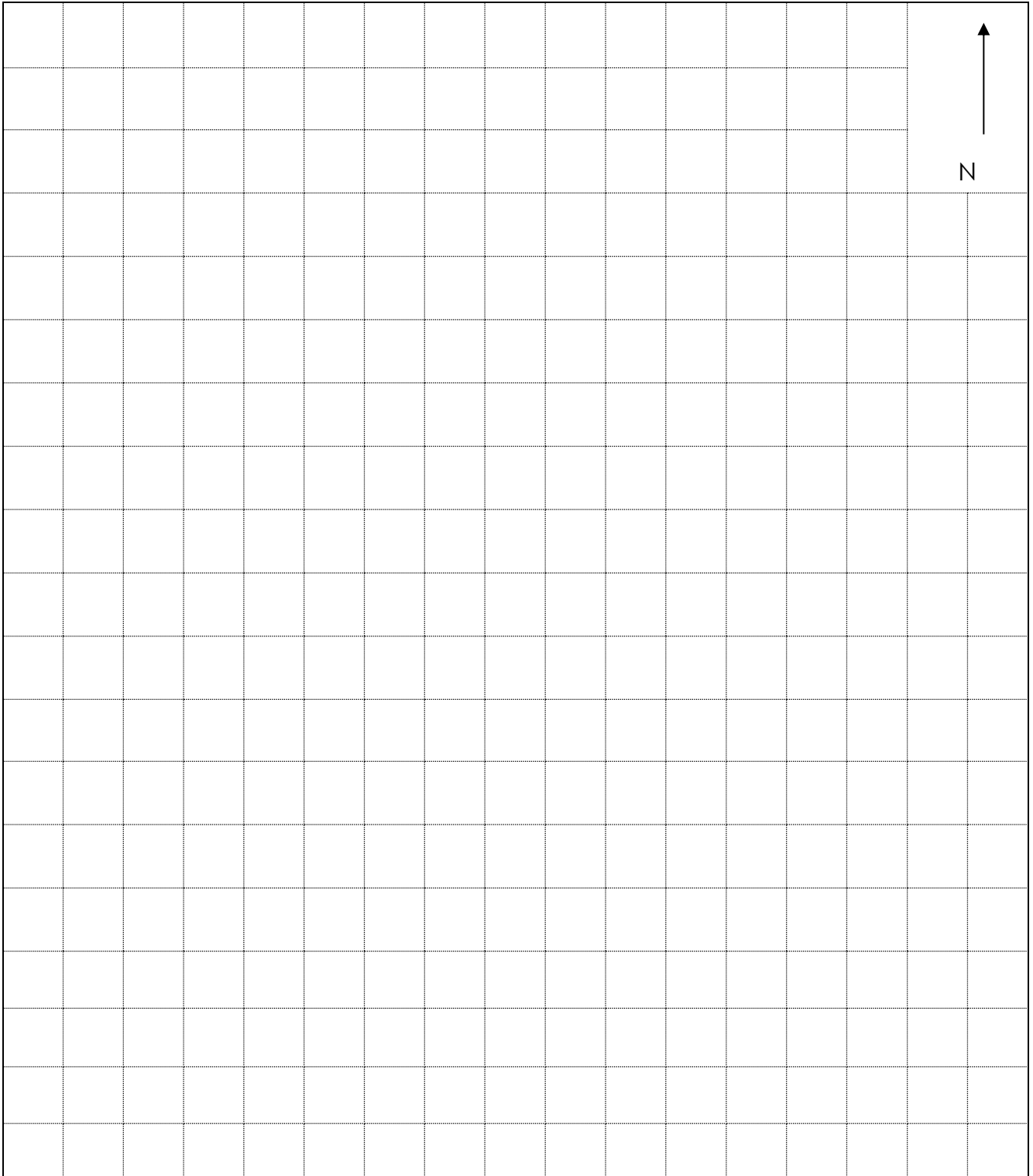
Date

<b>Office Use Only</b>	Receipt Date:	Receipt #	Amount:	CSO Initials:
Account Number: 230 000 - 1044 - 41504				

# Site Plan of Wastewater Management

For .....

At .....



**(Scale 1 : 300 – Each Square 3 m x 3 m)**