



Application for a Permit to Install or Alter a Wastewater System

Warrnambool City Council

(03) 5559 4800

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 (m²)

Site Details

Please select the most appropriate soil type:

Sand & Gravels

Sandy Loams

Loams

Clay Loams

Light Clays

Medium / Heavy Clays

Installation of a Septic Tank System Only		
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
Installation of Onsite Wastewater Treatment System Only		
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
If the site is less than 1,000 m²		
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

Plumber 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 *		
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>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.</p>		

Supporting Documents	
<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

2019 / 2020 Payment details
<p>Installation Fee = \$560.00</p> <p>Minor alterations (changes to disposal field only) = \$280.00</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

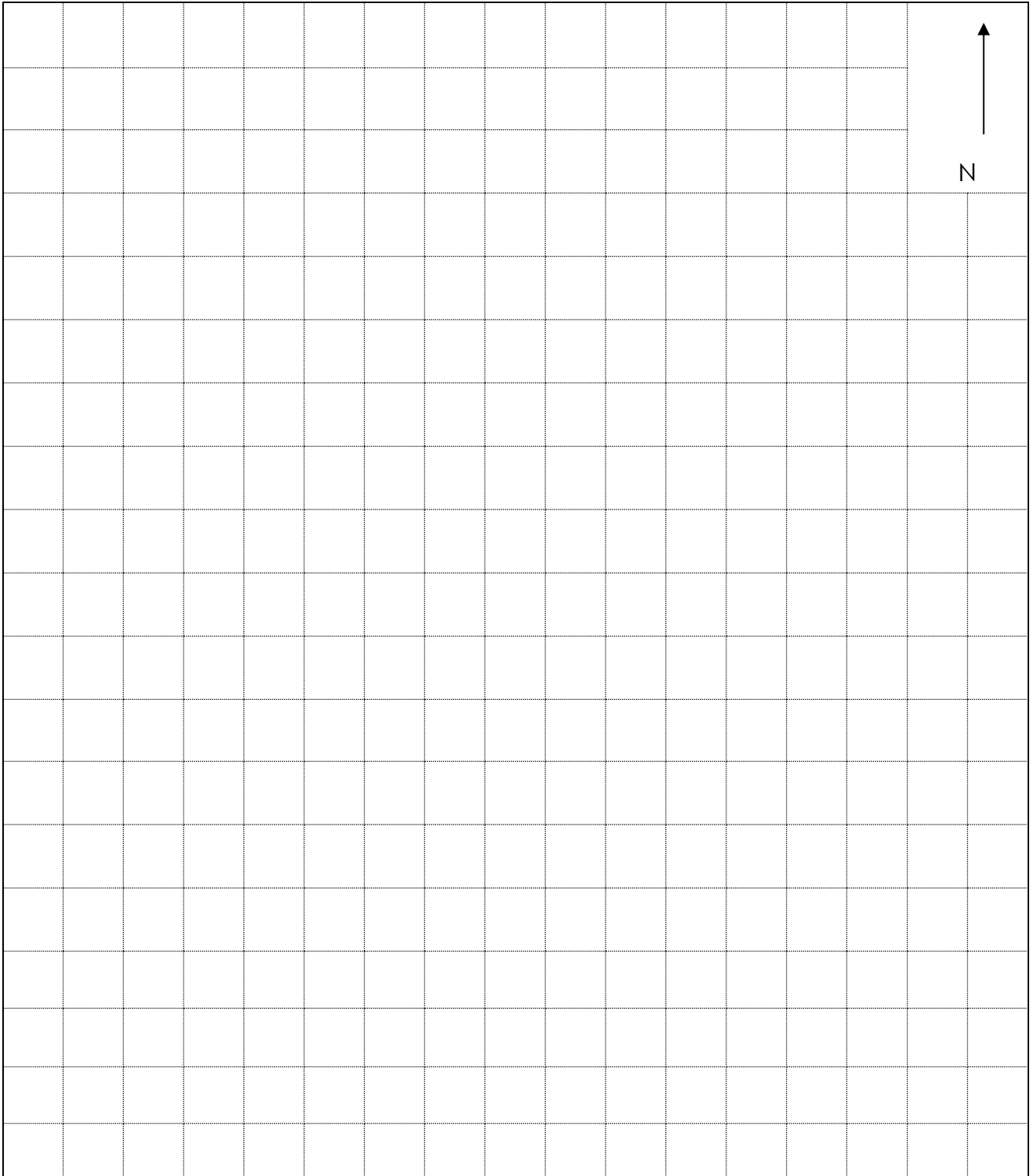
Date

Office Use Only	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)