

Application Number :

Application Date :

Ledger Number :

Strathbogie Shire Council

61 03 57950000 <http://www.strathbogie.vic.gov.au>

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

Council specific information

Please use this form to apply to Strathbogie Shire Council to either install a septic system or alter an existing septic system installation under the environment Protection Act 1970 - Section 53M. Please be aware that commencing septic tank system onsite work without a 'Permit to Install' is prohibited.

Application type

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

Applicant details

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

Title Surname * Given Names

Address

PO Box GPO Box Private Bag Locked 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 Home phone Business fax Mobile

Email *

Property owner details

Title Surname * Given Names

Address

PO Box GPO Box Private Bag Locked 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

Home phone

Business fax

Mobile

Email

Site address for installation / alteration

Same as property owner details

Address

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street address / Postal address *

Suburb / Town *

State *

Postcode *

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

Lot number

Sub-division plan number

Lodged plan

Title plan (volume)

Title plan (folio)

Crown allotment number

Section number

Parish name

Plumber / Drainer

Plumber 1

Title

Surname *

Given Names *

Postal address

PO Box

GPO Box

Private Bag

Locked 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

Home Phone

Business Fax

Mobile

Email

Licence number *

Plumber 2

Title

Surname *

Given Names *

Postal address
 PO Box
 GPO Box
 Private Bag
 Locked 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

Home Phone

Business Fax

Mobile

Email

Licence number *

Drainer / ContractorIs 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 Names *

Postal address
 PO Box
 GPO Box
 Private Bag
 Locked 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

Home Phone

Business Fax

Mobile

Email

Licence 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.

Toilets

Spa

Baths

Showers

Sinks

Troughs

Dishwasher

Other

Quantity

System details

Proposed installation / alteration date *

Septic tank capacity (litres)

Waste water treatment system

Model name

EPA approved 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 *

e.g. Irrigation system, absorption trenches, dome drain, sand filter.

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 the Allotment, including a plan of subdivision (current to within 2 months)



Septic Site Plan (or detail drawn on a m aerial photograph) Only (1) Copy.

If providing attachment electronically, please supply as: jpeg;doc;pdf

Provide a 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, storm water drains, water pipes, existing tank systems; location of the proposed septic tank, treatment plant & effluent disposal system; the position of north and fall of 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 authorization from the owner if the form is signed by someone other than owner.



Property Plan Only (1) Copy. If providing attachment electronically, please supply as: jpeg;doc;pdf

For rural properties greater than 1 hectare



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

For relevant fees and charges please contact Council on 1800 065 993.

How to pay:

By cash, cheque or credit card - if you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque. If you do not know the fee please contact Council.

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

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

Name of person completing this application *

Signature of person completing this application

Date *

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 <http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

Lodgement

If you intend to post or fax this form please use the details provided below:

Strathbogje Shire Council

Address: PO Box 177 Euroa 3666

Telephone: 61 03 5795 0000

Fax: 61 03 5795 3550

Email: info@strathbogje.vic.gov.au

Website: <http://www.strathbogje.vic.gov.au>