

Install a Septic Tank System Application Form

When to Complete this Form

You need to apply to install a **new** Onsite Wastewater Management System.

Application Fees

- Permit to Install: \$821.70

PROPERTY ADDRESS

Street Address: _____

Town: _____ State: _____ Postcode: _____

Lot Number: _____ Approximate Age of Dwelling: _____

Planning Permit Number (if applicable): _____

APPLICANT DETAILS

Applicant Type (please tick):

- Owner.
- Agent or Representative.
- Plumber.

Applicant Full Name (including Title): _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Best Contact Number: _____

Email Address: _____



PROPERTY OWNER DETAILS

This section only needs to be completed if you selected Agent or Representative, or Plumber above.

Property Owner Full Name (including Title): _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Best Contact Number: _____

Email Address: _____

PLUMBERS DETAILS

This section only needs to be completed if you selected Agent or Representative, or Owner above.

Plumber Full Name (including Title): _____

Best Contact Number: _____ VBA Licence Number: _____

Email Address: _____

BUILDING SURVEYOR DETAILS

Only complete if applicable.

Surveyor Full Name (including Title): _____

Best Contact Number: _____ VBA Licence Number: _____

Email Address: _____

TYPE OF PREMISE

What Will the Disposal System be Installed For (please tick):

Dwelling.

Shed.

Other (please specify): _____

Number of Person(s) Expected to Use the System Daily:

Average: _____

Maximum: _____



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Number of Fixtures to be Connected to the System:

Bedrooms: _____ Study: _____ Sinks: _____ Showers: _____
Troughs: _____ Toilets: _____ Baths: _____ Sink Garbage Disposal: _____
Spa Baths (in litres): _____ Dishwashers: _____

POTABLE WATER SUPPLY

Type of Potable Water Supply (please tick):

- Tank.
 Mains.

SEPTIC SYSTEM DETAILS

Please tick and complete the relevant information for this application.

- Septic Tank Capacity (in litres): _____
 Sand Filter (length, width and depth in metres): _____
 Treatment Plant (Make / Model): _____
 Pump Pit (diametre and depth in millimetres, volume in litres): _____
 Alarm (please tick): Audible. Visual. Alarm Location: _____
 Other (please specify): _____
Distribution Method (please tick): Gravity. Pump.

DISPOSAL METHOD

Please tick and complete the relevant information for this application.

- Absorption / Transpiration Lines (length, width, depth in metres): _____
 Sub-Surface Irrigation (total in metres²): _____
 Wick Trench Type (please tick): Slotted Trench. Reln Drain.
 Wick Trench (length, width, depth in metres): _____
 Other (please specify): _____



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OTHER COMMENTS

If you have any further details relevant to your application, please write them below.

CHECKLIST OF INFORMATION REQUIRED TO PROCESS APPLICATION

- Application Fees.
- Current copy of Land Title.
- Locality Plan.
- Septic Site Plan.
- Floor Plan of Proposed Dwelling (to scale, with clear dimensions).

PRIVACY STATEMENT AND DECLARATION

I acknowledge South Gippsland Shire Council's primary purpose of collecting personal information within this Install a Septic Tank System Application Form will be used to complete your request for information. Failure to provide correct details may result in Council being unable to process your request. All personal information provided in this form will be managed in accordance with the *Privacy and Data Protection Act 2014*.

I declare that the information provided in this information is true and completed to the best of my knowledge. This application forms a legal document and penalties exist for providing false or misleading information.

Please sign and date below to state you understand the above.

Applicant Signature: _____ Date: _____

HOW TO RETURN YOUR FORM



Via Post to:
**Environmental Health
South Gippsland Shire Council
Private Bag 4
Leongatha VIC 3953**



Via Email: **council@southgippsland.vic.gov.au**



In Person at **9 Smith Street, Leongatha**



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