

# **Application Additional Fixtures** Only

Section	1.	LΛI	NID	DET	· A II	C
Sechon	- 11	IΑI	VI )	ו ארו	AII	

Unit Number:	Street Number:	Street N	ame:				
Town:		Postcode:					
Section 2: PERMIT AF	PPLICANT						
Name:							
Business:							
Postal Address:					T		
					Postcode:		
Telephone No. (H)		(w)		(M)			
Email Address:							
Section 3: OWNER DI	<b>ETAILS</b> (If different to the A	.pplicant)					
Name(s):		. ,					
Postal Address:							
rostal Address.					Postcode:		
Telephone No. (H)		(w)		(M)			
Email Address:		,		1			
Section 4: Proposal	Details						
'							
Section 5: Plumber ,	/ Drainer Details						
Name:	,						
Business:							
Postal Address:					Postcode:		
Telephone No. (H)		(w)		(M)		l	
Email Address:		ı	ı	<u> </u>	I		

### Section 6: System Details

Property Details										
		р	ersons							
No of Fixtures connected to system					Other connections					
washer?					S	pa?			Spa Size	
tic System Details	(sele	ct all ap	plica	ble)						
Septic Tank		Treat	tment	t Plant		Other - S	oecify			
osal method		·						•		
Transpiration Lin	es	Lengtl	h			Width		Depth		
Sand Filter		Lengt	th			Width Depth		Depth		
Irrigation Field	eld SQM Size									
Other										
Please Provide Details										
	of Bedrooms  of Fixtures connected  awasher?  tic System Details  Septic Tank  cosal method  Transpiration Line  Sand Filter  Irrigation Field  Other	of Bedrooms  of Fixtures connected to em  washer?  tic System Details (sele  Septic Tank  oosal method  Transpiration Lines  Sand Filter  Irrigation Field  S  Other	of Bedrooms  of Fixtures connected to em  washer?  tic System Details (select all approximate approxim	of Fixtures connected to em  washer?  tic System Details (select all applica Septic Tank Treatment rosal method  Transpiration Lines Length Sand Filter Length Irrigation Field SQM Size  Other	of Fixtures connected to em  washer?  tic System Details (select all applicable)  Septic Tank Treatment Plant  rosal method  Transpiration Lines Length  Sand Filter Length  Irrigation Field SQM SIze  Other	of Bedrooms  N p (II  of Fixtures connected to em  conwasher?  Stic System Details (select all applicable)  Septic Tank  Treatment Plant  cosal method  Transpiration Lines  Length  Irrigation Field  SQM SIze  Other	of Bedrooms  No of persons (MAX)  of Fixtures connected to em  owasher?  Spa?  tic System Details (select all applicable)  Septic Tank  Treatment Plant  Other – Space of the	No of persons (MAX)  Of Fixtures connected to em Connections  Inwasher?  Spa?  Septic System Details (select all applicable)  Septic Tank Treatment Plant Other – Specify  Invasionation Lines Length Width  Sand Filter Length Width  Irrigation Field SQM Size  Other	of Bedrooms  No of persons (MAX)  Of Fixtures connected to em  of Spa?  Spa?  tic System Details (select all applicable)  Septic Tank  Treatment Plant  Other – Specify  cosal method  Transpiration Lines  Length  Width  Irrigation Field  SQM Size  Other	No of persons (MAX)  of Fixtures connected to em

## Section 7: DECLARATION This form must be signed.

A. I declare that I am the Applicant and all information given is true and correct.	Applicant signature:	Date:

above m	ay result in a delay in the processing of the application.
	A fully completed and signed copy of this form.
	The application fee (if not already paid). Contact Council to determine the appropriate fee.
	Provided plans showing the layout and details of the proposal
	Site Plan / Septic System Plan
	Complete attached "Septic System Checklist"

CHECK LIST Please ensure you have included the following items with your application form. Failure to provide all the information

#### PLEASE FORWARD THIS APPLICATION TO

**E-mail:** <u>Health@bawbawshire.vic.gov.au</u> **Mail:** Health Department, Baw Baw Shire Council

PO Box 304

Warragul VIC 3820

**Phone:** 5624 2411

In Person: Customer Service Centre 33 Young Street Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.



# Septic Information Checklist On-Site Wastewater Disposal

Please note that this form MUST be completed by a licensed plumber or drainer and returned to Council within 30 days of receipt. If the Plumber/Drainer identifies any issues that may impact on the operation of the system, Council's Health Department will investigate the issue and may require the owner to carry out works.

Section 1. Property Details						
Proporty Address						
Property Address  Property Owner						
System Permit No						
System remit no		n does not have	e a permit, fill i	n the belo	ow details	
Vear of installation	<b>n</b> (if unknown, year of house co		o a po,			
TankSize	(L)	or istra <del>otion)</del>				
No.ofbedrooms		Spa \	/∈ □ N □	]	(L)	
System details						
(Name,		type			of	
treatment — distribution method)					and	
Section 2. On-Site Was	stewater System Details.					
	Sep	tic Tank				
Has	the	tank		□∍en		
desludged	within		the		last	
three	years	Yes	No			
DateDesludged		eipt of desludge		, time out a . a f	i veda a a a	
	desludged, please note cur equired. (le.Occupied by two people	•				
years)	equil eq. (le.occupied by two people	e, last desiduged 5 ye	ears ago, expect de	siduge fieede	ed Within two	
	Tank appears to be watertight and in good					
condition Septic tank lids are intact and  Yes No Sufficiently sealed  Yes No						
sufficiently sealed If an effluent filter is		No L				
- II dir omdone medi is			Yes		No L	
The sustains is foundation	Aerated Wastewa	ter Treatment Sy			No 🗆	
The system is function	ning as designed t and record of last maintenan	an abaal	Yes		No L	
iviaintenance contrac		d Filters	Yes	Ш	No L	
The system is function		u riiteis	Yes	$\Box$	No $\square$	
	e sandfilter been built over or o	damaged	Yes		No $\square$	
	e from surface water runoff	aamagea	Yes		No $\square$	
	Pump Syst	em and Alarms				
The pump is working			Yes		No 🗌	
The alarm is working as designed  Yes						
Electrical components are sufficiently protected from moisture  Yes No						
Effluent Distribution System						
All effluent is contained within the property boundary  Yes No						
Has the area been built over or damaged Yes No						
Area is free from surface water runoff  System is functioning as designed  Yes No System is functioning as designed						
System is functioning		No 🗌				
Distribution pits adeq	uately sealed, not damaged ar	nd working effec	tively Yes	Ш	No 📙	
Water Quality						
Biological Oxygen Demand is ≤20mg/L and Suspendid Solid is ≤30mg/L Yes No No No						
Please attach results of last water quality test.						

Provide detail for any of the above questions answered "NO"					
Recommended actions required to meet the current EPA wastewater management.	Publication: Guidelines for onsite				
Provide comment if the existing septic system can contain all effluon site, in accordance with the current EPA Publication: Guidelines					
	-				
Cita Dian Diagga consulate a duranting of the cita plan using t					
<b>Site Plan.</b> Please complete a drawing of the site plan using t	пе тепприте оп раде 3.				
Inspection Particulars.					
Date of Inspection _DD / MM / YYYY					
Plumber / Drainer Name	Company Name				
Program Monthson	Markita Dhana Namhan				
Licence Number	Mobile Phone Number				
	DD / MM / YYYY				
Signature	Date				
The information requested on this form is being collected by Council to ensure the on-site treatment system complies with  1. Environment Protection Act 1970  2. State Environment Protection Policy - Waters of Victoria 2003  3. Baw Baw Shire Council Septic Permit to Use Conditions					
If this information is not collected and conditions of the permit are not complied with, a \$1,554 Infringement Notice can be issued under the <i>Environment Protection Act 1970</i> .					

Please complete and return this form to:

Baw Baw Shire

Health Office PO Box 304 Warragul 3820

Email to

You can gain access to your information by contacting Council's Freedom of Information/Privacy Officer

health@bawbawshire.vic.gov.au

### Section 3. Plan Drawing

ection	ection 3. Plan Drawing					
Include	nclude where present,					
	All parts of wastewater treatment system including; tanks, treatment systems, distribution pits, inspections points,					
	land application area and dimensions of lines					
	House / dwelling Setback distances to; buildings, boundaries, side cuts, waterways, bores					
H						
$\vdash$						
$\sqcup$	Driveways and roads					
	Drainage and stormwater infra	astructure				
	Fall of land					
	Position of North					
	Drawing does not have to be to	o scale but all distances should be s	hown on map			