

PYRENEES SHIRE COUNCIL



5 Lawrence Street, Beaufort 3373
Phone: (03) 5349 1100
Fax: (03) 5349 2068
Email: pyrenees@pyrenees.vic.gov.au

Application to Install or Alter Septic Tank System

Please allow 2-4 weeks for your application to be processed.

A Site Inspection will be carried out as part of the assessment process of your application.

Ensure your form is complete and includes adequate details and plans of your proposed system.

New System \$410

Alteration \$205

Letter/Report Consent Not Required

Questions marked with an asterisk (*) must be completed. If the space provided on the form is insufficient, attach a separate sheet.

Applicant and Owner Details

Provide details of the applicant and the owner of the land where the permit is being applied for.

Applicant * The person who wants the permit.	First Name:	Surname:	
	Organisation (if applicable):		
	Postal Address:		
	Suburb/Locality:	Postcode:	
Contact Details *	Daytime Phone:		
	Email:		
Owner * The person or organisation who owns the land. <i>Where the owner is different from the applicant, provide details about that person or organisation</i>	<input type="checkbox"/> Owner same as applicant		
	First Name:	Surname:	
	Organisation (if applicable):		
	Postal Address:		
	Suburb/Locality:	Postcode:	
Contact Details	Daytime Phone:		
	Email:		

Site Details

Address of the land to which the application applies. Complete the Street Address or the Formal Land Descriptions if no street address.

Street Address *	Street Address:		
	Suburb/Locality:	Postcode:	
If property does not have a Street Address please provide the Lot No or Crown Allotment No and Section No and Locality or Township Name .	Lot No:	Crown Allotment:	Section No:
	Locality/Township:		

Planning Permit

Does your development require a Planning Permit? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is your Planning Permit Number: _____	

Land Capability Assessment (LCA)

Have you found out whether your property will require an LCA for the proposed Septic works? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, have you attached a copy of the LCA with your application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Plumber and Drainer/Contractor Details

Provide details of the Plumber and Drainer/Contractor who will be responsible for installing the system

Plumber *	First Name:	Surname:
	Organisation (if applicable):	
	Postal Address:	
	Suburb/Locality:	Postcode:
	Daytime Phone:	
	Email:	
	Licence Number:	
Drainer/Contractor *	<input type="checkbox"/> Same as Plumber	
	First Name:	Surname:
	Organisation (if applicable):	
	Postal Address:	
	Suburb/Locality:	Postcode:
	Daytime Phone:	
	Email:	
	Licence Number:	

Please ensure you inform us if you change Plumber or Drainer after your permit has been issued.

System Details

Proposed installation or alteration date	Septic tank capacity (litres)
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Waste Water Treatment System

Model Name	
EPA Approved Number	
Method of effluent disposal * (irrigation system, absorption trenches, transpiration bed, dome drain, 90mm slotted UPVC (AG drain), Sand Filtering discharge on-site)	
Effluent Lines Width *	Effluent Lines Length *

Absorption Trenches

Length (m)		Width (m)		Depth (m)	
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Irrigation System

Sub-surface (m2)		Surface (m2)	
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Sand Filter/Polishing Sand Filter Details

Length (m)		Width (m)		Depth (m)	
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Pump Well

Will a Pump Well be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____
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Building Details

Building Type *	<input type="checkbox"/> House <input type="checkbox"/> Factory <input type="checkbox"/> Shed <input type="checkbox"/> Office <input type="checkbox"/> Other _____ <input type="checkbox"/> Commercial Kitchen/Food Premises		
Number of *	Bedrooms: _____	Showers: _____	Toilets: _____
	Studies/Offices: _____	Baths: _____	Sinks/Basins: _____
	Spa Bath <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the Capacity of the Spa: _____ Litres		
Water Saving Fixtures *	Will water efficient appliances and fittings be installed and maintained for the life of the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Property Access

A Site Inspection of your property will be carried out as part of the assessment process of your application.

Site Contact Person:	
Site Contact Number:	
Limitations to Accessing property: (i.e. locked gate, dogs)	

Septic System Plan/Block Plan

Draw below or attach a detailed plan of your proposed septic system and block. Your plan must include the location of the house on block, septic tank, distribution boxes, effluent field or absorption trenches, sheds, swimming pools, driveways, water pipes and underground services. Also include setback distances to boundary fences, dams and waterways. *Check our website for more information on setback distances.*

A large grid of graph paper for drawing a septic system plan. The grid consists of 10 columns and 10 rows of large squares, with each large square further divided into a 10x10 grid of smaller squares. The grid is intended for drawing a detailed plan of a septic system and block, including the location of the house, septic tank, distribution boxes, effluent field or absorption trenches, sheds, swimming pools, driveways, water pipes, and underground services. It also includes setback distances to boundary fences, dams, and waterways.

Builder Details

Company Name and Contact Person:	
Contact Number:	
Email:	

Building Surveyor Details

A Site Inspection of your property will be carried out as part of the assessment process of your application.

Building Surveyor's Name:	
Contact Number:	
Email:	

Supporting Documents

Please include the following with this application

	Detailed Floor Plan clearly showing all bedrooms, study's, offices, plumbing fixtures, sewer points and stormwater drainage.
	Detailed Septic System Plan/Block Plan
	A current copy of the Title including diagram
	If Application to ALTER you must include an inspection report from a licensed plumber which details the type, condition and size of the current tank and/or trenches.
	If Application to ALTER your plan must indicate the location of the existing septic tank system, existing floor plan and details of the proposed changes to be made to both the system and/or the dwelling (for house extensions).
	Applicable Fee

Applicant and Owner Declaration

I understand that once installed, my system cannot be used until a final inspection of the system has been carried out and a Certificate of Approval to Use the system has been issued.

I declare that all information contained in this application is, to the best of my knowledge, true and correct.

Applicant Signature: _____ Date: _____

Print Name: _____

Owner Signature: _____ Date: _____

Print Name: _____

Office Use Only

Septic Permit Number:

Date Entered: / /

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PAYMENT OPTIONS FORM

(Please attach with your application)

Name:			
Property Address:			
Phone Number:			
Email:			
Department:	<input type="checkbox"/> Building	<input type="checkbox"/> Planning	<input type="checkbox"/> Local Law
	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Other :	
Description:			
Total Amount To Pay:	\$		

How would you like to pay?

<input type="checkbox"/> Over the Phone by CREDIT CARD	Our Customer Service team will call the phone number provided on this form to take your payment.
<input type="checkbox"/> In Person by CASH, CHEQUE or EFTPOS	Please bring your application and pay in person at Council's Beaufort Office or Avoca Information Centre.
<input type="checkbox"/> Mail a CHEQUE	Post your application and include a cheque payable to: Pyrenees Shire Council, 5 Lawrence Street, BEAUFORT Vic 3373.

Signed: _____ Date: _____

PLEASE NOTE THAT YOUR APPLICATION CANNOT BE ASSESSED OR PROCESSED UNTIL PAYMENT HAS BEEN MADE IN FULL