

# PYRENEES SHIRE COUNCIL



5 Lawrence Street, Beaufort 3373  
 Phone: (03) 5349 1100  
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 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 \$380**

**Alteration \$190**

**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.

<b>Applicant *</b> The person who wants the permit.	First Name:		Surname:	
	Organisation (if applicable):			
	Postal Address:			
	Suburb/Locality:		Postcode:	
<b>Contact Details *</b>	Daytime Phone:			
	Email:			
<b>Owner *</b> 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:	
<b>Contact Details</b>	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.

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

<b>Plumber</b>	First Name:	Surname:
	Organisation (if applicable):	
	Postal Address:	
	Suburb/Locality:	Postcode:
	Daytime Phone:	
	Email:	
	Licence Number:	
<b>Drainer/Contractor</b>	<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			
<b>Method of effluent disposal</b> (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. Each large square is further divided into a 10x10 grid of smaller squares, creating a total of 100x100 small squares. The grid is intended for drawing a detailed plan of a septic system and block.

## 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: \_\_\_\_\_

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### Office Use Only

Septic Permit Number: \_\_\_\_\_

Date Entered:     /     /

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