

Please allow up to 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 \$844.20 Alteration \$643.30

Letter/Report Consent Not Required

Fees Updated 01/07/2026

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 15 rows of small squares, with larger grid lines every 5 columns and 5 rows.

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: _____

Please send your completed form to:

Pyrenees Shire Council
5 Lawrence Street, BEAUFORT Vic 3373
Ph. (03) 5349 1100 Fax. (03) 5349 2068
pyrenees@pyrenees.vic.gov.au

Privacy Statement

The Pyrenees Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy and Data Protection Act 2014. The personal information required on this form will only be used by Council for the purpose of processing this application. The information will not be disclosed to any other party unless Council is required to do so by law. You can view and change the information by contacting Customer Service on 03 5349 1100 during business hours.

To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at:
<https://www.pyrenees.vic.gov.au/privacy>

Office Use Only

Septic Permit Number:

Date Entered: / /

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

You may also request an Invoice be emailed out for BPAY payment