

## APPLICATION FORM TO INSTALL / ALTER AN ONSITE WASTEWATER SYSTEM

I hereby apply for permission to INSTALL / ALTER an onsite wastewater system as per the **Environment Protection Act 1970** and supply the following:

| PROPERTY LOCATION of proposed or existing system |                    |                 |         |           | n                                     |   |                      |                   |  |
|--|--------------------|-----------------|---------|-----------|---------------------------------------|---|----------------------|-------------------|--|
| Lot No:  |                    |                 |         |           |                                       | Street No:  |                      |                   |  |
| Street N   | lame:              |                 |         |           |                                       |   |                      |                   |  |
| Suburb:  |                    |                 |         |           |                                       | Postcode:   | Postcode:            |                   |  |
|  |                    |                 |         |           |                                       |   |                      |                   |  |
| OFFICE U   | JSE ONLY           | Dat             | e:      |           | Re                                    | ceipt no:   | Н                    | ILS/              |  |
|  | OW                 | NER [           | DETA    | ILS       |                                       | APPLICANT DE  | ΤΑΙ                  | LS (if not owner) |  |
| Name:  |                    |                 |         |           |                                       | Name:   |                      |                   |  |
| Postal A   | ddress:            |                 |         |           |                                       | Postal Address:   | Postal Address:      |                   |  |
|  |                    |                 |         |           |                                       |   |                      |                   |  |
| Phone:   |                    |                 |         |           |                                       | Phone:  |                      |                   |  |
| Mobile:  |                    |                 |         |           |                                       | Mobile:   |                      |                   |  |
| Email:   |                    |                 |         |           |                                       | Email:  |                      |                   |  |
|  |                    |                 |         |           |                                       |   |                      |                   |  |
| (Re  | PLUI<br>esponsible | MBER<br>for ins |         |           | nk)                                   | DRAINER DETAILS (Responsible for drainage/ disposal system) |                      |                   |  |
| Name:  |                    |                 |         |           | ···· <b>,</b>                         | Name:   |                      |                   |  |
| Postal A   | ddress:            |                 |         |           |                                       | Postal Address:   |                      |                   |  |
|  |                    |                 |         |           |                                       |   |                      |                   |  |
| Mobile:  |                    |                 |         |           | Mobile:                               |   |                      |                   |  |
| Licence/   | Registratio        | n No:           |         |           |                                       | Licence/Registration No:                                    |                      |                   |  |
|  |                    |                 |         |           |                                       |   |                      |                   |  |
|  |                    | PRC             | PER     | TY DETAIL | S - please                            | e specify the number o                                      | f ea                 | ch                |  |
| Property Type: DOMESTIC COMMUNITY FAC            |                    |                 |         | INITY FAC | LITY COMMERCIAL Max Occupants:        |   |                      |                   |  |
| Bedrooms:  |                    |                 | Study:  |           |                                       | Bathrooms:  |                      | Showers:          |  |
| Basins:  |                    |                 | Baths:  |           |                                       | Sinks:  |                      | Troughs:          |  |
| Toilets:   |                    |                 | Bidets: |           |                                       | Spa (include water capacity):                               |                      |                   |  |
| Water supply (circle selection)                  |                    |                 |         |           | Water fixture type (circle selection) |   |                      |                   |  |
| Mains Tank Ro                                    |                    | of              | Bore    | Other     | Standard water reduction              | •   | Full water reduction |                   |  |
|  |                    |                 |         |           |                                       | reduction   |                      | reduction         |  |



| SYSTEM DETAILS – complete relevant section |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
| SEPTIC TANK                                | TREATMENT PLANT                     |  |  |  |
| Material: PRECAST or CAST IN-SITE          | Make and Model:                     |  |  |  |
| Capacity in Litres:                        | EPA Approval No:                    |  |  |  |
| Type of waste: ALL or GREY or OTHER        | Type of waste: ALL or GREY or OTHER |  |  |  |

| DISPOSAL DETAILS - please complete for disposal method used |            |           |                 |  |  |
|---|------------|-----------|-----------------|--|--|
| DISPOSAL METHOD   | LENGTH (m) | WIDTH (m) | TOTAL AREA (m²) |  |  |
| Absorption trench   |            |           |                 |  |  |
| Evaporation/Transpiration bed                               |            |           |                 |  |  |
| Irrigation - subsurface                                     |            |           |                 |  |  |
| Other:  |            |           |                 |  |  |

| PLANS AND SPECIFICATIONS – 3 copies of each required: |   |  |  |  |
|---|---|--|--|--|
| NB: Any omis  | sions may cause delays, relocation of drains, and possible additional expense.        |  |  |  |
| Certifica   | ate of Title for the property   |  |  |  |
| Locality  | Plan that clearly shows:  |  |  |  |
| ✓   | the property/lot number and name of all streets which abut the property               |  |  |  |
| ✓   | the dimensions of all boundaries  |  |  |  |
| Building  | Floor Plan drawn to scale 1: 50 that clearly details:                                 |  |  |  |
| ✓   | all bedrooms, studies, amenities and kitchen areas                                    |  |  |  |
| ✓   | show dimensions, grades and the location of all plumbing fittings                     |  |  |  |
| ✓   | how all pipe work connects to the septic or treatment tank                            |  |  |  |
| Block Pl  | an that clearly shows:  |  |  |  |
| ✓   | The location, layout and dimensions of the proposed treatment and disposal area       |  |  |  |
| ✓   | The location of all system components (rotars, flush valves, distribution pits, etc.) |  |  |  |
| ✓   | Setback distances from all components of the waste disposal system to the             |  |  |  |
|   | property and any sheds, swimming pools, driveways, dams, bores, streams, rivers,      |  |  |  |
|   | water tanks, easements, etc. on the property.   |  |  |  |
| ✓   | ✓ The fall of the land on the property  |  |  |  |
| ✓   | ✓ The direction of North  |  |  |  |
| ✓   | The designated alternative disposal area to enable future duplication.                |  |  |  |

## NOTE: A Certificate of Compliance is to be submitted to Wyndham City for installation.

| OWNER TO COMPLETE                            | APPLICANT TO COMPLETE                            |
|--|--|
| I am the owner of this land. I have seen and | I declare that all information contained in this |
| consent to this application.                 | application is true and correct.                 |
| Signature of Owner:                          | Signature of Applicant:                          |
| Date:  | Date:  |



| OWNER TO COMPLETE                    | APPLICANT TO COMPLETE            |  |
|--------------------------------------|----------------------------------|--|
| Septic Tank New Application \$661.00 | Septic Tank Alterations \$183.00 |  |
|                                      |                                  |  |
| Receipt No:                          | Receipt No:                      |  |
|                                      |                                  |  |
| Date Paid:                           | Date Paid:                       |  |
|                                      |                                  |  |