

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			
Lot No: Street No:			
Street Name:			
Suburb: Postcode:			

OFFICE USE ONLY Da	ate:	Receipt no:	HLS/
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OWNER DETAILS	APPLICANT DETAILS (if not owner)
Name:	Name:
Postal Address:	Postal Address:
Phone:	Phone:
Mobile:	Mobile:
Email:	Email:

PLUMBER DETAILS (Responsible for installation of tank)	DRAINER DETAILS (Responsible for drainage/ disposal system)
Name:	Name:
Postal Address:	Postal Address:
Mobile:	Mobile:
Licence/Registration No:	Licence/Registration No:

PROPERTY DETAILS - please specify the number of each							
Property Type: DOMESTIC COMMUNITY FACILIT				LITY COMMERCIAL	Max	Occupants:	
Bedrooms: Study:			Bathrooms: Sh		Showers:		
Basins:			Baths:		Sinks:		Froughs:
Toilets:			Bidets:		Spa (include water ca	le water capacity):	
Water supply (circle selection)			Water fixture t	type (circle selection)		
Mains	Tank	Roo	of Bore Other		Standard water reduction		Full water 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 (m ²)
Absorption trench			
Evaporation/Transpiration bed			
Irrigation - subsurface			
Other:			

PLANS	S AND S	SPECIFICATIONS – 3 copies of each required:	
NB: A	ny omi	ssions may cause delays, relocation of drains, and possible additional expense.	
	Certificate of Title for the property		
	Locality	/ Plan that clearly shows:	
	\checkmark	the property/lot number and name of all streets which abut the property	
	\checkmark	the dimensions of all boundaries	
	Buildin	g Floor Plan drawn to scale 1: 50 that clearly details:	
	\checkmark	all bedrooms, studies, amenities and kitchen areas	
	\checkmark	show dimensions, grades and the location of all plumbing fittings	
	\checkmark	how all pipe work connects to the septic or treatment tank	
	Block P	lan that clearly shows:	
	\checkmark	The location, layout and dimensions of the proposed treatment and disposal area	
	\checkmark	The location of all system components (rotars, flush valves, distribution pits, etc.)	
	\checkmark	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.	
	\checkmark	The fall of the land on the property	
	\checkmark	The direction of North	
	\checkmark	The designated alternative disposal area to enable future duplication.	

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

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APPLICANT TO COMPLETE
I declare that all information contained in this
application is true and correct.
Signature of Applicant:
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Date:



OWNER TO COMPLETE	APPLICANT TO COMPLETE	
Septic Tank New Application \$690.00	Septic Tank Alterations \$191.00	
Receipt No: Date Paid:	Receipt No: Date Paid:	

