

2021/22 Application to Install or Alter an Onsite Wastewater Management System (OWMS) - Incorporating Report and Consent under Regulation 132, Building Regulations 2018 Environmental Health

Ph: 1300 366 244 | 18 Desailly Street Sale Victoria | 156 Grant Street Yarram Victoria | P O Box 506 Sale Victoria 3850

Environment Protection Act 2017- Environment Protection Amendment Act 2018- Environment Protection Regulations 2021

Please tick the type of application you are applying for:

- ☐ Construct, install or alter OWMS \$734.65
- ☐ Minor alteration to OWMS \$559.90 - alteration that consists only of the installation, replacement or relocation of the internal plumbing, fixtures or fittings of an OWMS
- ☐ Report and Consent \$294.75
- ☐ Renew a permit \$124.90
- ☐ Reissue of Permit \$69.00
- ☐ Amend a permit \$156.00
- ☐ Transfer a permit \$149.25

▼ Applicant Property Details

Property Owner			
Property Owner Postal Address			
Property Owner Phone Number		Email	
Applicant Name (if different from property owner)			
Applicant Address			
Applicant Phone Number		Email	
Building Surveyor Name		Email	

▼ Site Address Details

No		Street				
Town		Lot No		LP/PS		Crown Allotment

▼ Plumber details

Licensed Plumber/Drainer Responsible for Installation		Licence Number	
Plumber/Drainer Address			
Plumber/Drainer Phone		Plumber/Drainer Email	

▼ Onsite Wastewater Management System Installation/Alteration Details

Reason for Application	<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Alterations / Extensions to Dwelling	<input type="checkbox"/> Upgrade to Existing System
Proposed Wastewater System	<input type="checkbox"/> Standard Tank and Trenches	<input type="checkbox"/> Sand Filter System	<input type="checkbox"/> Treatment Plant
	Other		
Premises Details (Where will the system be installed from)	<input type="checkbox"/> House	<input type="checkbox"/> Shed	<input type="checkbox"/> Other

What will the Premises be used for?										
Number of Person(s) expected to use the System daily?										
Number of Fixtures to be Connected to the System	Sink(s)		Shower(s)		Trough(s)					
	Toilet(s)		Bath(s)		Sink Garbage Disposal					
	Spa Bath(s)		Dishwasher(s)		Bedrooms					
	Water Supply	<input type="checkbox"/> Mains	<input type="checkbox"/> Tank							
Septic System Details	<input type="checkbox"/> Septic Tank		Capacity (Liters)							
	<input type="checkbox"/> Sand Filter	Length		Width		Depth				
	<input type="checkbox"/> Treatment Plant		Make/Model: please write below (Certificate of Conformity for Treatment System must be attached to this application)							
Disposal Method	<input type="checkbox"/> Transpiration Absorption				<input type="checkbox"/> Soil absorption Trench					
	<input type="checkbox"/> Low Pressure Effluent Disposal				<input type="checkbox"/> Sub Surface Dripper Lines					
	<input type="checkbox"/> Mound				<input type="checkbox"/> Wick Trench					
	<input type="checkbox"/> Pressure Compensated Subsurface Drip									

Please attach the following information:

- ☐ Scaled site plans showing proposed construction and septic installation site, existing structures and driveways, adjoining roads and properties, any water courses, north point
- ☐ Current Certificate of Conformity
- ☐ House Floor Plans
- ☐ Land Capability Assessment Report (Required for block less than 8,000m²; close proximity to waterways; shallow ground water present; poor soil conditions or restricted area for effluent disposal)
- ☐ Soil Reports (Required for new dwellings that do not have a Land Capability Assessment)

Your application will be placed on hold if you do not provide the required documentation.

Signature of Owner(s) /Applicant		Date	
Name			

Privacy Notification (Environment Protection Act 1970):

The personal information requested on this form is being collected by Council for the purpose of enforcement of the Environment Protection Act 1970 and associated regulations. The personal information will be used solely by Council for that primary purpose or directly related purposes. The applicant understands that the personal information provided is for the purpose of enforcement of the Environment Protection Act 1970 and associated regulations and that they may apply to Council for access and/or amendment of the information.

▼ Onsite Wastewater Management System Plan

Address of Site

Please include details such as the location and dimensions of the proposed OWMS, all proposed and existing buildings, the location of any streams, water courses, gullies, dams, ponds, bores or wells for domestic supply, water tanks, driveways, swimming pools, excavations, water, phone, gas and electrical trenches and any existing septic tank and sillage lines.

Does the Owner have any future developments planned such as but not limed to a deck, pool, shed etc?

Does this impact on the plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name:

(Scale 1:300 — Each square 3m x 3m)

Does the owner have any further developments planned such as but not limited to a deck, pool, shed ect?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please detail

Credit card Authorisation Form

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria

This form is used to provide a credit card payment to the Wellington Shire Council. Payments for Rates, Infringements, and Animal Registration Renewals will not be accepted. Secure online payments for these accounts can be made at www.wellington.vic.gov.au.

Please ensure that all fields are fully completed with the correct information and that any relevant documentation is attached with this form ie planning application, request for a copy of plans form.

We will only use personal information provided by you for the purposes for which it was collected and in order for Council to fulfil its business requirements. A new Credit Card Authorisation Form will need to be completed for each transaction.

Completed forms can be mailed to the Wellington Shire Council at P O Box 506 Sale VIC 3850 or faxed to 5142 3501. Please contact Customer Service on 1300 366 244 if you have any questions.

Part 1: Applicant Details	
Given Names/s	
Family Name	
Address	
Daytime Phone Number	
Email Address	
Part 2: Payment Details	
Description (copy of plans, planning permit)	
Amount Authorised	\$
Address of property relevant to application (if applicable)	
Payments for Rates, Infringements, and Animal Registration Renewals will not be accepted.	
Part 3: Credit Card Details	
Name on Credit Card (please print)	
Type of Card (Visa, Mastercard only)	
We do not accept American Express or Diners Club.	
Credit Card Number	
Card Expiry Date	
Card Holders Signature Authorising payment of above amount	<div>Date</div>

Office Use Only	
Council Officer	
Receipt Number	
Date	