

# 2022/23 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 | PO Box 506 Sale Victoria 3850

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

Please tic	ik the type of application	on you are	applying to	or:					
□ Construct, install or alter OWMS \$747.40			☐ Minor alteration to OWMS \$569.55 - alteration that consists only of the installation, replacement or relocation of the internal plumbing, fixtures or fittings of an OWMS						
☐ Renew a permit \$127.05				□ті	ansfer a	permit	\$151.85		
□ Amend	a permit \$158.70	Permit Number to renew/tr			enew/tra	ansfer/ar	mend:		
<b>Applic</b>	ant Property Details								
Property	y Owner								
Property	y Owner Postal Address								
Property	Owner Phone Number			Emai	l				
Applican	nt Name nt from property owner)								
Applican	t Address								
Applican	it Phone Number			Emai	L				
Building	Surveyor Name	Email			l				
▼ Site Ac	ddress Details			·	·				
No	Str	eet							
Town		Lot No			LP/PS			Crov	vn tment
<b>V</b> Plumb	er details								
	Plumber/Drainer					Licen	ce Numbe	er	
•	ible for Installation								
Plumber/Drainer Address Plumber/DrainerPhone		Plumber/I Email			/Draine	r			
▼ Onsite	Wastewater Manageme	nt System I	nstallation	/Altera	tion Deta	ails			
Reason for Application		☐ New Dwelling ☐ Alterations / E Dwelling		Extensi	xtensions to U Syst		ade to Existing		
Proposed WastewaterSystem		☐ Standard Tank and Trenches ☐ Sand Filter Syst			System	tem			
		Other							
	s Details (Where will the installed from)	☐ House		☐ Shed		☐ Other			

	What will the Premises be used for?									
ı	Number of Person(s) expected to use the System daily?									
		Sink(s)		Shower(s)		Trough(s)				
	Number of Fixtures to be	Toilet(s)		Bath(s)		Sink Garbage Disposal				
	Connected to the System	Spa Bath(s)		Dishwasher(s)		Bedroo	ms			
		Water Supply	☐ Mains	□Tank						
		□ Septic Tank		Capacity (Liters)						
	Details	☐ Sand Filter	Length	Width			Depth			
Septic System Details		 □Treatment Pla				: please write below (Certificate of Conformity for mmust beattached to this application)				
		☐ Transpiration	☐ Soil	☐ Soil absorption Trench						
	Disposal Method	☐ Low Pressure	□ Sub	☐ Sub Surface Dripper Lines						
		☐ Mound	□ Wic	k Trench	h					
		☐ Pressure Com	ipensated Si	ubsurface Drip						
P	Please attach the following information:									
	☐ Scaled siteplans 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)									
	$\square$ Soil Reports (Required for new dwellings that do not have a Land Capability Assessment)									
1	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 2017):**

The personal information requested on this form is being collected by Council for the purpose of enforcement of the Environment Protection Act 2017 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 2017 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 deta buildings, the locatio tanks, driveways, sw tank and sullage line	on of any stream vimming pools, es.	ns, water course excavations, w	es, gullies, dam rater, phone, g	s, ponds, bore as and electr	es or wells for ical trenches	domestic sup and any exist	ply, water ing septic
Does the Owner ha				as but not lin	ned to a deck	, pool, shed	etc?
Does this impact or		☐ Yes ☐ N	lo				
Please provide brie	f detail if yes						
			Endorseme Signature:	ent of Plumb	-	/20.	···
			Name:				

(Scale 1:300 — Each square 3m x 3m)



### **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 <u>not</u> be accepted. Secure online payments for these accounts can be made at <u>www.wellington.vic.gov.au</u>.

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.
P	art 3: Credit Card Details
Name on Credit Card (please print)	
Type of Card (Visa, Mastercard only)	
We do not accept American Express or D	Diners Club.
Credit Card Number	
Card Expiry Date	
Card Holders Signature	Date
Authorising payment of above amount	

Office Use Only				
Council Officer				
Receipt Number				
Date				