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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Type** | | | | | | **Fees**  **(effective until 30 June 2020)** | | | | | | | **Office Use Only** | | | | | | | | | | |
| Install a new system | | | | | | **□** $790.00 | | | | | | | Permit Fee: | | | |  | | | | | | |
| Alter an existing system | | | | | | **□** $520.00 | | | | | | | Date: | | | |  | | | | | | |
| Amend existing permit | | | | | | **□** No Fee | | | | | | | Receipt No. | | | |  | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |
| **The Land** | | | | | | | | | | | | | | | | | | | | | | | |
| Unit No. |  | | | | | St. No. | |  | | | | Lot No: | | |  | | | | | CA No. | |  | |
| Sec No. |  | | | | | Parish/Township: | | | | | |  | | | | | | | | | | | |
| Street Name: | | | | | |  | | | | | | | | | | | | | | | | | |
| Suburb/Locality: | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **The Applicant** | | | | | | | | | | | | **The Owner □ Same as Applicant** | | | | | | | | | | | |
| First Name: | | |  | | | | | | | | | First Name: | | | |  | | | | | | | |
| Surname: | | |  | | | | | | | | | Surname: | | | |  | | | | | | | |
| Address: | | |  | | | | | | | | | Address: | | | |  | | | | | | | |
| Suburb: | | |  | | | | | | | | | Suburb: | | | |  | | | | | | | |
| Phone: | | |  | | | | | | | | | Phone: | | | |  | | | | | | | |
| Email: | | |  | | | | | | | | | Email: | | | |  | | | | | | | |
| \*Signed: | | |  | | | | | | | | | \*Signed: | | | |  | | | | | | | |
| Date: | | |  | | | | | | | | | Date: | | | |  | | | | | | | |
| \* I hereby certify that all on-site septic tank system works proposed and specified in this application will be in compliance with the EPA Act 1970 and the EPA Code of Practice (Onsite Wastewater Management Publication 891.4 (July 2016)) and AS/ANZ 1547.  I understand that my septic system cannot be used until a final inspection of the system has been carried out by the Colac Otway Shire and an Approval to Use has been issued. | | | | | | | | | | | | | | | | | | | | | | | |
| **The Plumber** | | | | | | | | | | | | **The Drainer □ Same as Plumber** | | | | | | | | | | | |
| Company: | |  | | | | | | | | | | Company: | | | |  | | | | | | | |
| First Name: | |  | | | | | | | | | | First Name: | | | |  | | | | | | | |
| Surname: | |  | | | | | | | | | | Surname: | | | |  | | | | | | | |
| Address: | |  | | | | | | | | | | Address: | | | |  | | | | | | | |
| Suburb: | |  | | | | | | | | | | Suburb: | | | |  | | | | | | | |
| Phone: | |  | | | | | | | | | | Phone: | | | |  | | | | | | | |
| Email: | |  | | | | | | | | | | Email: | | | |  | | | | | | | |
| Licence No: | |  | | | | | | | | | | Licence No: | | | |  | | | | | | | |
| The personal information requested on this form is being collected by Council for the purpose of making its legal obligations under the Environment Protection Act 1970 and associated and related legislation. The information will be kept confidential and identifying information will not be disclosed to any person for any other purpose. You may access your own information by contacting Council’s Health Protection Unit on 52329400. | | | | | | | | | | | | | | | | | | | | | | | |
| **The Building** | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Premises: | | | | □ Residential  □ Shed | | | | | | | | □ Commercial  □ Extension/Renovation | | | | | | | | □ Industrial | | | |
| Intended Use: | | | | □ Full-Time  □ Holiday Home | | | | | | | | □ Accommodation | | | | | | | | □ Rental | | | |
| Bedrooms: | | | | Specify Number of Bedrooms: | | | | | | | |  | | | | | | | |  | | | |
| Water Supply: | | | | Mains Water | | | | | □ | | | | | Tank Water | | | | | | | □ | | |
|  | | | |  | | | | | | | |  | | | | | | | |  | | | |
| **The Septic Tank** | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Tank: | | | | □ Treatment System  □ Manufacturer of System  □ Standard Septic  □ Sand Filter  □ Other (Specify): | | | | | | ………………….......  □ Composting Toilet  □ Worm Farm | | | | | | | | □ Greywater System  □ Pump Out | | | | | |
|  | | | | Size of tank (litres): | | | | | | | | | | | | | | | | | | | |
| Type of Land Application System: | | | | □ Soil Absorption Trench  □ Wick Trench | | | | | | □ Sub-Surface Irrigation  □ Mound System | | | | | | | | □ ETA Trench  □ Other (Specify): | | | | | |
| Size of Land Application System: | | | | Trench Systems | | | | | | Irrigation Systems | | | | | | | | Mound Systems | | | | | |
| Length (m): | | |  | | | Area (m2): | | | |  | | | | Length (m): | | | | |  |
|  | | | | Width (mm): | | |  | | | Lineal (m): | | | |  | | | | Basal Area (m2): | | | | |  |
|  | | | | Depth (mm): | | |  | | |  | | | |  | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Access** | | | | | | | | | | | | | | | | | | | | | | | |
| Existing Dwelling: | | | | | □ Yes | | | | | | □ Occupied Residential | | | | | | | | □ Holiday House | | | | |
| Access to Property: | | | | | □ Locked Gate | | | | | | □ Unsecured Animals | | | | | | | |  | | | | |
| Road Access: | | | | | □ Unsealed Road  □ Difficult to Locate | | | | | | □ Steep Slope  □ Other Info: | | | | | | | | □ Single Lane | | | | |
| Driveway: | | | | | □ Gravel  □ Difficult to Manoeuvre | | | | | | □ Dirt | | | | | | | | □ Steep Slope | | | | |
| **Please Note: Council endeavour to provide a decision on applications within 3 weeks. However, decisions can take up to 6 weeks dependent on the quality of information submitted with applications.** | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Application Checklist** | |
| **□** Is a Planning Permit required? If a Planning Permit is required for any dwellings/works associated with the installation of the septic system, we recommend obtaining the Planning Permit first. Contact Colac Otway Shire’s Planning Unit on 5232 9400. | |
| **□** Is a Land Capability Assessment Required? During your preliminary discussions with the Colac Otway Shire, you should clarify if an LCA is required to accompany your application. Refer to the Colac Otway Shire’s Mapping Portal <http://cos.cerdi.com.au/cos.php>. (Select Planning>Domestic Waste Management Plan from the RHS menu).  An LCA is required for a sensitivity of ‘Moderate’ or higher <http://www.colacotway.vic.gov.au/My-property/Water-management/Domestic-Wastewater-Management-Plan> | |
| **□** Is sewer available to your property? If sewer is available, you must connect rather than installing an onsite septic tank system. Contact the relevant water authority to confirm sewer availability: | |
| **Barwon Water**  www.barwonwater.vic.gov.au  1300 656 007 | **Wannon Water**  www.wannonwater.com.au  1300 926 666 |
| **Application Checklist Applications must include the following information:** | |
| **□** Completed Application Form.  **□** Payment of the applicable fee.  **□** Current Copy of Title.  **□** Detailed floor plan of the dwelling (showing internal layout of existing and proposed buildings. Where an extension to a building is proposed, you need to highlight the proposed extension on the plan).  **□** An allotment plan (showing location of the proposed septic tank/treatment system, land application area (distribution pits, trenches, individual irrigation lines, vacuum breakers, flush/scour valves, return lines, flushing trenches/pits), pump wells, diversion drains, setback distances, location of the dwelling/all existing or proposed buildings, driveways, easements, dams, creeks, water tanks, Point of North, fall of the land, significant vegetation.  **□** Land Capability Assessment (if required). | |

**OFFICE USE**

Amount: $ Receipt No: Date:

**DO NOT SCAN – TO BE DESTROYED**

**PAYMENT BY CREDIT CARD**

**Septic System Application Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*New System - $790.00 Alteration to System - $520.00*

*GST exempt (Receipt type 493)*

Description of Payment:

*i.e. New system installation / alteration to existing system*

Please charge my credit card for the amount of: $

Amount in words:

**CREDIT CARD DETAILS**

Name on Card:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Amex |  | Mastercard |  | Visa Card |  |  | Expiry Date: |  | CCV: |  |

Signature:

**PLEASE PLACE THIS FORM AT FRONT OF YOUR APPLICATION/DOCUMENTS**

Note: This form will be destroyed upon completion of payment process

The information in this form is for the purpose of administering the Food Act in relation to your business, by the Colac Otway Shire. It will be used in accordance with the Food Act and the Information Privacy Act 2000 and as authorized by law.

To view Council’s privacy policy, please either visit Council’s offices or go to:

[www.colacotway.vic.gov.au](http://www.colacotway.vic.gov.au)

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