

Application to Install an Onsite Wastewater Management System (OWMS)

What you need to do for your application



Checklist

Confirm application fees. Complete the checklist before submitting this application.



Submit application

This form and supporting documents must be submitted via email, by mail or in person.



Make a payment

Please supply your credit card details or include a cheque for payment of this application

Application Type - Fees Apply

- Construct, Install or Alter a System
- Amend Existing Permit
- Transfer a Permit
- Renew a Permit

Please confirm all fees with an officer from the Health Protection Unit prior to completion of this application. Call 03 5232 9400.

Office Use Only

Receipt Number

Amount Paid

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of installing an onsite wastewater system and for the purpose making its legal obligations under the Environment Protection Act 2017 and its associated and related legislation. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, then the application will not be approved. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Land Information

Unit Number

Street Number

Lot Number

CA Number

Sec Number

Parish/Township

Street Name

Suburb/Locality

Applicant Details

First name

Last name

Best phone number to contact you on

Email

Residential or postal address

Owner Details or Same as Applicant

First name

Last name

Best phone number to contact you on

Email

Residential or postal address

Application to Install an Onsite Wastewater Management System

Plumber Details	Drainer Details or <input type="checkbox"/> Same as Plumber
Company <input type="text"/>	Company <input type="text"/>
First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>
Best phone number to contact you on <input type="text"/>	Best phone number to contact you on <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Licence Number <input type="text"/>	Licence Number <input type="text"/>

Building Information	
Type of Premises	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Shed <input type="checkbox"/> Extension/Renovation
Intended Use	<input type="checkbox"/> Full Time <input type="checkbox"/> Accommodation <input type="checkbox"/> Rental <input type="checkbox"/> Holiday Home
Bedrooms	Specify number of bedrooms: <input type="text"/>
Water Supply	<input type="checkbox"/> Mains Water <input type="checkbox"/> Tank Water Is the household fitted/to be fitted with full water reduction features? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Please note: WELS-rated water-reduction fixtures and fittings = minimum 4 stars for dual-flush toilets, shower-flow restrictors, aerator taps, flow/pressure control valves and minimum 3 stars for all appliances (e.g. water-conserving automatic clothes washing machine).</i>

The Onsite Wastewater Management System			
Type Tank	<input type="checkbox"/> Treatment System <input type="checkbox"/> Manufacturer of System: <input type="text"/> <input type="checkbox"/> Standard Septic Tank <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Greywater System <input type="checkbox"/> Sand Filter <input type="checkbox"/> Worm Farm <input type="checkbox"/> Pump Out <input type="checkbox"/> Other (Specify): <input type="text"/>		
	Size of tank (litres): <input type="text"/>	VALID Certificate of Conformance No.:	<input type="text"/>
Type of Land Application System	<input type="checkbox"/> Soil Absorption Trench <input type="checkbox"/> Sub-Surface Irrigation <input type="checkbox"/> ETA Bed <input type="checkbox"/> Wick Trench <input type="checkbox"/> Mound <input type="checkbox"/> Other (Specify): <input type="text"/>		
Size of Land Application System	Trench & Bed Systems	Irrigation Systems	Mound Systems
	Length (mm): <input type="text"/>	Aera (m ²): <input type="text"/>	Length (m): <input type="text"/>
	Width (mm): <input type="text"/>	Lineal (m): <input type="text"/>	Basal Area (m ²): <input type="text"/>
	Depth (mm): <input type="text"/>		

Application to Install an Onsite Wastewater Management System

Access	
Existing Dwelling	<input type="checkbox"/> Yes <input type="checkbox"/> Occupied Residential <input type="checkbox"/> Holiday House
Access to Property	<input type="checkbox"/> Locked Gate <input type="checkbox"/> Unsecured Animals
Road Access	<input type="checkbox"/> Unsealed Road <input type="checkbox"/> Steep Slope <input type="checkbox"/> Single Lane <input type="checkbox"/> Difficult to Locate <input type="checkbox"/> Other (Specify):
Driveway	<input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Steep Slope <input type="checkbox"/> Difficult to Manoeuvre

Application Checklist

- Confirm current application fees with the Health Protection Unit. Phone 03 5232 9400
- Is a Planning Permit required? If a Planning Permit is required for any dwellings/works associated with the installation of the OWMS contact Colac Otway Shire's Planning Unit on 5232 9400.
- Is sewer available to your property? If sewer is available, you must connect rather than installing an OWMS or at the request of the relevant authority. Contact the relevant water authority to confirm sewer.
Barwon Water 1300 656 007 www.barwonwater.vic.gov.au **Wannon Water** 1300 926 666 www.wannonwater.com.au
- Completed Application Form
- Payment of the Application 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, vacuume breakers, flus/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.
- A Land Capability Assessment is required for moderate, high, very high sensitivity rated properties or at the request of the RA.
- Certificate of Conformance, issued by a body accredited under JSANZ (or any other accreditation body approved by The Authority) confirming that the proposed on-site wastewater treatment system meets the appropriate standard.

Acknowledgement and Signature

- I hereby certify that all Onsite Wastewater Management System works proposed and specified in this application will be in compliance with the Environment Protection Act 2017 and the EPA Code of Practice (Onsite Wastewater Management Publication 891.4 (July 2016)) and AS/ANZ 1547.
- I understand that my Onsite Wastewater Management System cannot be used until the Colac Otway Shire has carried out a final inspection of the system and an Approval to Use has been issued.

Applicant's Name	Date	Owner's Name (if different to Applicant)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Owner's Signature (if different to Applicant)		
<input type="text"/>	<input type="text"/>		

Payment by credit card

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit payment

Please attach this to the FRONT of your application/documents

This form will be destroyed upon completion of the payment process

Office Use Only	
Application No <input type="text"/>	
Amount \$ <input type="text"/>	Receipt Type <input type="text"/>
Receipt No <input type="text"/>	Date <input type="text"/>
DO NOT SCAN - TO BE DESTROYED	

Your Details

First name <input type="text"/>	Last name <input type="text"/>
Company <input type="text"/>	
Best phone number to contact you on <input type="text"/>	Email <input type="text"/>
Residential or postal address <input type="text"/>	
Description of payment (i.e. Rates, Permit Application, Invoice) <input type="text"/>	
Amount to be charged \$ <input type="text"/>	Amount in words <input type="text"/>

Credit Card Details

Name on card <input type="text"/>		
Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> VISA CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
Expiry Date <input type="text"/>	CIV <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature <input type="text"/>