

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Officer initials:-	<input type="text"/>

You must complete fields marked with an asterisk (*).

Council Specific Information

Use this form to apply to either install or alter an existing septic system installation.

Note: You cannot install or alter the system until we have approved your application.

To help with the completion of this application form, ensure you have:

- contact details and registration numbers of your plumber and drainer
- septic tank system details (model name and number, number of fixtures, details of proposed effluent disposal method)

This form will take around 10-20 minutes to complete.

Application Type

Please select what you wish to do *:

- Install a new septic tank system
 Alter an existing septic tank system

Applicant Details

Is the applicant owner or an agent of the owner? **Owner** **Agent of Owner**

Title* Surname* Given Name*

Address

- PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address*

Suburb / Town* State* Postcode*

Please provide at least one phone number and include the area code *

Business Phone After hours phone Business Fax Mobile

Email

Property owner details

Title* Surname* Given Name*

Address

- PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address*

Suburb / Town* State* Postcode*

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

Site address for installation / alteration

Same as property owner details

Address

PO Box

GPO Box

Private Bag

Locked Bag

RMB

RSD

Street Address *

Suburb / Town *

State *

Postcode *

Formal Land Description information can be found on the certificate of title

Lot no.

Subdivision plan no.

Lodged plan

Title plan (Volume)

Title plan (Folio)

Crown allotment No.

Section No.

Parish Name

Plumber / Drainer

Plumber

Is the plumber also the drainer / contractor? Yes/No

Person responsible for installation or alteration work for the septic tank - if not the plumber.

Title*

Surname*

Given Name *

Address

PO Box

GPO Box

Private Bag

Locked Bag

RMB

RSD

Street Address/ Postal Address*

Suburb / Town*

State *

Postcode *

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

License Number *

If more than one plumber will be doing work on the sanitary plumbing and sewer drain system, please add below.

Plumber 2

Title*

Surname*

Given Name *

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address*

Suburb / Town*

State *

Postcode *

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

License Number *

Drainer / Contractor

Title*

Surname*

Given Name *

Address

PO Box GPO Box Private Bag

Street Address/ Postal Address*

Suburb / Town*

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Email

License Number *

Building Details

Type of Building (House, Factory, Office, Shop, Other)

Number of bedrooms (including studies)

Number of people expected to use the system per day

Number of fixtures

List proposed number of fixtures to be connected to the proposed septic system.

Fixture type

Quantity

(Toilet, spa, bath, shower, sink, trough, dishwasher, other)

Number of fixtures cont;

System details

Proposed installation / alteration date*

Septic tank capacity (litres)

Waste water treatment system

Model name

EPA approved number

Method of effluent disposal (Please enter the method by which the blackwater from the septic tank will be discharged.)

Method type *

Effluent lines width *

Effluent lines length *

Method types – irrigation system, absorption trenches, transpiration bed, dome drain, 90mm slotted UPVC (AG drain), Sand Filtering discharge on-site

Absorption trenches

Length (m) *

Width (m) *

Depth (m) *

Irrigation system

Sub - surface (m2) *

Surface (m2) *

Sand filter / Polishing sand filter details

Length (m) *

Width (m) *

Depth (m) *

Supporting Documents

- **Block Plan** Only 2 copies. If providing attachment electronically, please supply as: JPEG, Word doc or PDF
Provide a block plan (minimum scale 1:100) showing the:
 - location of the premises including street/lot number, location of all nearby streets, dimensions of all boundaries
 - location and dimensions of all buildings or proposed buildings, easements, streams, water tanks, swimming pools, excavations, driveways, gas pipes and underground services, stormwater drains, water pipes, existing tank systems
 - location of the proposed septic tank, treatment plant and effluent disposal system
 - the position of north and fall of land
 - A summary of the data from which the capacity of the septic system has been computed, such as contributory population, percolation rate of the soil, dosage rates or design factors used for non standard applications.
- **Owners certification** Only 2 copies. If providing attachment electronically, please supply as: JPEG, Word doc or PDF
If applicant is not the owner, please provide written authorisation from the owner.
- **Additional information as requested** Only 1 copy. If providing attachment electronically, please supply as: JPEG, Word doc or PDF.
If you have previously discussed this application with us, please supply any additional information we requested.

Pump Installation

- Pumps shall be submersible, automatic, electric, and self-priming, and shall be installed to the regulation of the local electrical authority.
- All electric wiring shall be installed by a registered electrical contractor and shall be inspected and approved by the electricity authority prior to use.

- Pumps must be firmly based on a cement block or bricks so as to be at least 80mm off the floor of the chamber.
- Suction and discharge pipes must be 25mm minimum size, PVC pipe connected to the pump in such a manner as to effect easy disconnection. A non-return valve shall be provided in the riser close to the pump. All changes in direction of discharge pipes shall be made by bend (not elbows) and a union provided near the top of the chamber.
- All pump chambers shall be fitted with a float switch operated alarm which shall be triggered in case of pump failure. A large distribution box is required on all pump installations.

Trench lengths

The City of Whittlesea requires the length of effluent lines to comply with the current EPA Code of Practice and all septic systems will be sized on the number of bedrooms per house/dwelling. Refer to the examples below:

(eg) 3 Bedroom House (a study or family room which could be used as a bedroom are also included)	120metres of 1m wide effluent line (water reduction fixtures and fittings)
All waste septic tank 3200 litres followed by:	145 metres of 1m wide effluent line (standard water fixtures)
(eg) 4 Bedroom House	150 metres of 1m wide effluent line (water reduction fixtures and fittings)
All waste septic tank 3200 litres following by:	180 metres of 1m wide effluent line (standard water fixtures)
(eg) 5 Bedroom House	180 metres of 1m wide effluent line (water reduction fixtures and fittings)
All waste septic tank 4500 litres followed by:	220 metres of 1m wide effluent line (standard water fixtures)

Subject to a suitable Land Capability Assessment (LCA), variations in effluent trench may be considered.

Payment Details

To find the relevant fee for your system, see our 'Septic tanks' webpage or contact our Health Services Department.

To apply in person, bring your supporting documents to our Civic Centre offices.

Alternatively, you can mail your application in and pay via credit card by completing the Credit Card Payment Authorisation form on the next page.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge.
- This application forms a legal document and penalties exist for providing false or misleading information.
- Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.whittlesea.vic.gov.au

Lodgement

If you intend to post or fax this form please use the details provided below:

City of Whittlesea
 Locked Bag 1
 Bundoora MDC VIC 3083

Telephone: 03 9217 2170
 Fax: 03 9217 2111
 Email: info@whittlesea.vic.gov.au
 Website: www.whittlesea.vic.gov.au

DETAILS AS REQUESTED ON APPLICATION MUST BE SHOWN ON PLAN

APPLICANT.....



ADDRESS.....

CONTRACTOR.....

LOCATION OF JOB.....

REAR OF ALLOTMENT

1:500	10	20	30	40	50	60	70	80
1:200	4	8	12	16	20	24	28	32

																	LEGEND
44																	CIP Cast Iron Pipe
																	DB Distribution Box
40																	DP Down Pipe
																	DG Disconnecter Gully
36																	E.J. Expansion Joint
																	D.S.V. Downstream Vent
32																	U.S.V. Upstream Vent
																	IO Inspection Opening
28																	ORG Overflow Relief Gully
																	PPD Plastic Pipe Drain
24																	SPD Stoneware Pipe Drain
																	ST Septic Tank
20																	GI Grease Interceptor
																	SWD Stormwater Drain
16																	I-C Inspection Chamber
12																	
																	
8																	Fall of Land
																	
4																	North Point
																	1:200 or 1:500 each square 2m-2m 5m-5m
1:200																	

FRONT OF ALLOTMENT

MARK ALL FITTINGS ON HOUSE PLAN: 1 Shower; 2 Bath; 3 Bath; 4 Trough; 5 Sink; 6 Waste Disposal; 7 W.C.; 8 Washing Machine; 9.....

Credit Card Payment Authorisation

Mail Locked Bag 1, Bundoora MDC 3083

Offices, 25 Ferres Blvd, South Morang VIC 3752

Phone 03 9217 2170 **Fax** 03 9217 2111 **TTY** 9217 2420

Email info@whittlesea.vic.gov.au **Web** whittlesea.vic.gov.au

Card type

Visa Mastercard

Card number

Expiry date (MM/YY)

Cardholder name

Payment amount

\$

I authorise City of Whittlesea to charge the amount stated above.

Cardholder signature

Date