

# Septic Tank Application To Change Permit Details

Environment Protection Act 1970

Please allow up to four (4) weeks for the processing of your application

I / we the undersigned, hereby apply to amend the septic tank permit that has been issued by Council:

Permit Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Please note that the permit must be current, permits are valid for 2 years from the date of issue. If your permit has expired you are required to apply for a new permit.

## Applicant Details

Surname: \_\_\_\_\_ Title Mr Mrs Miss Ms Dr

Given/ Christian Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

## Property Owner/s (Please note if the property owner has changed a new permit is required.)

Surname: \_\_\_\_\_ Title Mr Mrs Miss Ms Dr

Given/ Christian Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

## Building Details (Please note if the building details have changed a new permit is required.)

Type of Building:  House  Factory  Shed  Office  Shop  Other \_\_\_\_\_

Number of People Using the system Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Number of

Bedrooms

Studies


Toilets

Showers

Sinks/Basins

Baths


### Appliances/Fittings

Please Note: No under sink grinders are permitted

Will water efficient appliances and fittings be installed and maintained for the life of the structure:

Yes  No

Is a spa to be installed?

Yes  No

If YES what is the Capacity of the

Spa \_\_\_\_\_ Litres

Please note the installation of large capacity spa may require the installation of a second septic tank

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I/we wish to change the following:

- 1. Nominated Plumber
- 2. System Details – Septic tank type
- 3. System Details – Disposal Field – type
- 4. System Details – Disposal Field - location

The new details are as follows:

## 1. New Plumber Details

Surname: \_\_\_\_\_ Company Name \_\_\_\_\_  
 Given: \_\_\_\_\_ Licence Number \_\_\_\_\_  
 Street: \_\_\_\_\_ Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone Numbers: Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email \_\_\_\_\_

## 2. New Proposed System Details: Septic Tank Type – An updated site plan must be submitted

Traditional Septic Tank Capacity: \_\_\_\_\_  
 Package Treatment Plant Make and Model: \_\_\_\_\_  
 EPA Approval Number: \_\_\_\_\_  
 Other Details: \_\_\_\_\_  
 EPA Approval Number: \_\_\_\_\_

## 3. New Proposed System Details: Disposal Field – An updated site plan must be submitted

Absorption/Transpiration Trenches Total Area of Trenches \_\_\_\_\_ m<sup>2</sup>  
 Number of Trenches \_\_\_\_\_ Length of each trench \_\_\_\_\_ Width of each trench: 1 meter  
 Depth of each trench: 0.45m  
 Please note: Maximum trench length is 20m with a distribution box at the end or 40 meters if the distribution box is placed in the centre  
 Subsurface Irrigation Total Area of Subsurface Irrigation \_\_\_\_\_ m<sup>2</sup>  
 Number of Beds \_\_\_\_\_ Area of Each Bed \_\_\_\_\_  
 Other EPA Approval Number \_\_\_\_\_  
 Details \_\_\_\_\_

#### 4. New Proposed System Details: Disposal Field Location – An updated site plan must be submitted

A new site plan must be submitted showing:

- Location of house on block
- Location of any sheds, swimming pools, driveways, water pipes, underground power or telephone.
- The location and layout of the proposed septic tank system.
- The fall of the land in the vicinity of the effluent disposal area.
- North

Note: This plan will be approved by Council's EHO and therefore must be accurate showing all measurements in metres and the exact system that is to be installed.

On your plans the following must be marked

ST – Septic Tank      GI – Grease Interceptor      SWD – Storm water Drain      DB – Distribution Box  
IO – Inspection Opening      ORG – Overflow relief gully      Fall of Land      N North

#### Application Assessment – Property Access

Please be advised that a site inspection of your property maybe be carried out as part of the assessment process the alteration to your approved permit

If an attempt is made to undertake a site inspection of your property and access is restricted you will be charged an additional inspection fee.

To ensure that this does not occur please complete the following:

- Access to my property is not restricted.
- A key is hidden in the following location:

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- Please call me prior to inspecting my property so that I can advise of key location

## Applicants and Owners Declaration – Final Inspection and Certificate to use

I understand that my system once installed cannot be used until an inspection of the system has been carried out and a certificate to use the system has been installed.

I understand that it is an offence under the Environment Protection Act 1970 for my system to be used without a Certificate to use having been issued and that a fine maybe imposed by Council.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Application Details – Applicant Declaration

I declare that all information contained in this application is, to the best of my knowledge, true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Owners Declaration

I am the owner of this Land:

1. I hereby apply for permission to have a septic tank system installed / altered by a registered plumber / drainer.
2. I acknowledge the following constraints apply to the area of land dedicated for the treatment of septic effluent:
  - a. No access by vehicles or livestock such as horses and cattle
  - b. No construction of driveways, footpaths, pools, verandahs or sheds.
  - c. No raising of ground level with clay or soil after initial construction has been completed
3. I approve of the location and system proposed in the application

I will install, operate and maintain the septic tank system in accordance with the permit conditions, certificate to use and established guidelines.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Office Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Use \_\_\_\_\_

Loddon Shire Council  
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