Alter a Septic Tank System Application Form

When to Complete this Form

You need to alter an existing Onsite Wastewater Management System.

- Minor installation, replacement or relocation of internal plumbing, fixtures or fittings.
- Major anything not covered above.

PROPERTY ADDRESS

Please Note: You don't need a permit for general maintenance.

Application Fees

- Minor Alteration: \$608.30.
- Major Alteration: \$798.20.

South Gippsland

Street Address:			
Town:	State:	Postcode:	
Lot Number: Approxir	nate Age of Dwelling:		
Planning Permit Number (if appli	cable):		
Septic Licence Number:			

Planning Permit Number (if applicable):			
Septic Licence Number:			
APPLICANT DETAILS			
Applicant Type (please tick):			
Owner.			
Agent or Representative.			
Plumber.			
Applicant Full Name (including Title):			
Postal Address:			
Town:	State:	Postcode:	
Best Contact Number:			
Email Address			

PROPERTY OWNER DETAILS

This section only needs to be completed if you selected Agent or Representative, or Plumber above.

Property Owner Full Name (ınclu	ıdıng Title):		
Postal Address:			
Town:		_ State:	Postcode:
Best Contact Number:			
Email Address:			
PLUMBERS DETAILS			
This section only needs to be com	pleted if you se	elected Agent or	Representative, or Owner above.
Plumber Full Name (including Ti	tle):		
Best Contact Number:		VBA Licen	ce Number:
Email Address:			
BUILDING SURVEYOR DETA Only complete if applicable. Surveyor Full Name (including T			
Best Contact Number:		VBA Licen	ce Number:
Email Address:			
TYPE OF PREMISE			
Premise Type (please tick):			
Dwelling.	Shop.		
Factory. Office.	Shed Other		
Number of Potential Bedrooms:			
Number of Toilets: Nu			
Number of Hand Wash Basins: _			

POTABLE WATER SUPPLY Type of Potable Water Supply (please tick): Tank. Bore. Reticulated. PROPOSED WASTEWATER SYSTEM Septic System Type (please tick): Primary. Secondary. Tank Material (please tick): Concrete. Plastic. Capacity (in litres): _____ Model: ____ Distribution Method (please tick): Gravity. Pump. **DISPOSAL METHOD** Please tick and complete the relevant information for this application. Absorption / Transpiration Lines (length, width, depth in metres): Sub-Surface Irrigation (total in metres²): _____

Wick Trench Type (please tick): Slotted Trench. Reln Drain.

Wick Trench (length, width, depth in metres): _____

Other (please specify):



OTHER COMMENTS

ou have any further details rel	evant to you	паррпсацоп	i, picase write	them below.
JECKI ICT OF INFORMATI				

CHECKLIST OF INFORMATION REQUIRED TO PROCESS APPLICATION

- Current copy of Land Title.
- Locality Plan.
- Septic Site Plan.
- Floor Plan of Proposed Dwelling (to scale, with clear dimensions).

PRIVACY STATEMENT AND DECLARATION

I acknowledge South Gippsland Shire Council's primary purpose of collecting personal information within this Alter a Septic Tank System Application Form will be used to complete your request for information. Failure to provide correct details may result in Council being unable to process your request. All personal information provided in this form will be managed in accordance with the Privacy and Data Protection Act 2014.

I declare that the information provided in this information is true and completed to the best of my knowledge. This application forms a legal document and penalties exist for providing false or misleading information.

Please sign and date below to state you understand the above.

Applicant Signature:	Date:
ADDIICALII SIGNATULE.	Date.

HOW TO RETURN YOUR FORM



Via Post to: **Environmental Health South Gippsland Shire Council** Private Bag 4 Leongatha VIC 3953



Via Email: council@southgippsland.vic.gov.au



In Person at 9 Smith Street, Leongatha

