



Application for a Permit to Install or Alter a Septic Tank System

Hindmarsh Shire Council
Telephone: (03) 5391 4444
www.hindmarsh.vic.gov.au

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

Fields marked with an asterisk (*) are mandatory and must be completed.

Council Specific Information

Environmental Health Officer, Hindmarsh Shire Council, PO Box 250, NHILL, VIC 3418.

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

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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 click the Add Plumber button.

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 *

Plumber 3

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)

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

Payment Details

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.hindmarsh.vic.gov.au

Lodgement

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

Hindmarsh Shire Council
PO Box 250
NHILL VIC 3418

Telephone: 03 5391 4444
Fax: 03 5391 1376
Email: info@hindmarsh.vic.gov.au
Website: www.hindmarsh.vic.gov.au