



ENVIRONMENTAL HEALTH APPLICATION FOR A PERMIT TO INSTALL OR ALTER A SEPTIC TANK SYSTEM

Collection Notice

We will handle any personal information you have provided in this form in accordance with the *Privacy and Data Protection Act 2014*. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our Privacy Policy or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.

IMPORTANT: Once your form has been processed, you will receive an invoice for payment. Payment must be made **within 30 days**, or your application may not be processed.

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

Council Use Only:

Application Number:

Application Date:

Ledger Number:

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:

Business Phone:

Mobile:

Email:

Property Owner Details*:

Title:

Surname:

Given Name:

Address:



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Business Phone:	Mobile:	Email:
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Site Address for installation / alteration*:

<input type="checkbox"/>	Same as property owner address
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Address:

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Formal Land Description Information can be found on the certificate of title:

Lot no.	Subdivision plan no.	Lodged Plan:
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Lodged Plan:	Title Plan (Volume):	Title Plan (Folio):
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Crown Allotment No:	Section No:	Parish Name:
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Plumber / Drainer Details*:

Is the plumber also the drainer / contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Title:	Surname:	Given Name:
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Address:

Business Phone:	Mobile:	Email:
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Licence Number:

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

Plumber 2:

Title:	Surname:	Given Name:
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Address:

Business Phone:	Mobile:	Email:
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Licence Number:

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Business Phone:	Mobile:	Email:
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Licence Number:

Building Details*:

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

Number of bedrooms (inc studies):	Number of other habitable rooms (theatre room, playroom etc.):
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System Details*:

Proposed installation / alteration date:

Septic Tank Capacity (litres):

Wastewater 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)

By signing this form, 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.

Signature*:

Name printed*:

Date*:

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