

Water closets

Sinks

Baths/spa

Environmental Health Unit Whitehorse City Council 379 Whitehorse Road Nunawading 3131

Locked Bag 2, Nunawading Delivery Centre Vic 3131

Ph: 9262 6197 Fax: 9262 6506

## APPLICATION FOR PERMISSION TO INSTALL AN ONSITE WASTEWATER SYSTEM

To be made by the owner or authorised agent (written authorisation required from owner)

| Full Name of property owner  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Address of site of existing or   |  |  |  |  |  |  |  |
| proposed installation (including   |  |  |  |  |  |  |  |
| street and lot number)   |  |  |  |  |  |  |  |
| Suburb   | Post Code  |  |  |  |  |  |  |
| Phone Number   |  |  |  |  |  |  |  |
| I herby apply or permission to have an onsite waste water system installed by a registered plumber or drainer  |  |  |  |  |  |  |  |
|  | I acknowledge the following constraints apply to the area of land dedicated for the disposal or treatment of septic effluents: |  |  |  |  |  |  |
| <ul> <li>No vehicular traffic</li> <li>No access by horses and cattle</li> <li>No construction of driveways or footpaths, swimming pools or sheds</li> <li>No covering with plastic, clay or impervious materials</li> <li>No raising ground level with additional soil or the like after construction has been completed</li> </ul> |  |  |  |  |  |  |  |
| 3. I approve of the location and   | system proposed in this application.   |  |  |  |  |  |  |
| Name of Owner  |  |  |  |  |  |  |  |
| Signature of Owner   | Date:  |  |  |  |  |  |  |
| Name of Contractor (Person Resp  | onsible for Installing the system)   |  |  |  |  |  |  |
| Name   | <u> </u>   |  |  |  |  |  |  |
| Street   |  |  |  |  |  |  |  |
| Suburb   | Post Code:   |  |  |  |  |  |  |
| Phone Number   | •  |  |  |  |  |  |  |
| Name of Plumber (Responsible fo  | r pluming work)  |  |  |  |  |  |  |
| Street   |  |  |  |  |  |  |  |
| Suburb   | Post Code:   |  |  |  |  |  |  |
| Phone Number   | F OSt Code.  |  |  |  |  |  |  |
| P.I.C Licence no.  |  |  |  |  |  |  |  |
| 1 .I.O LICCHOC IIC.  |  |  |  |  |  |  |  |
| No. of persons expected to   | used as bedrooms (including study): use system daily (average/max):  |  |  |  |  |  |  |
| List the number of water closets and other fixtures to be connected to the system.   |  |  |  |  |  |  |  |

Showers

Dishwashers

Vanity Basins



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## **Proposed installation**

| 1 | System Capacity (Lt)                         |  |  |  |  |
|---|--|--|--|--|--|
| 2 | Waste Water Treatment Plant Make             |  |  |  |  |
|   | Waste Water Treatment Plant Model            |  |  |  |  |
|   | EPA Approval No. (CA)                        |  |  |  |  |
| 3 | Effluent Disposal                            |  |  |  |  |
|   | Trench (m) OR                                |  |  |  |  |
|   | Surface irrigation area(m <sup>2</sup> )     |  |  |  |  |
|   | Subsurface irrigation area (m <sup>2</sup> ) |  |  |  |  |

## THE CITY OF WHITEHORSE WILL NOT ACCEPT INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED DOCUMENTATIONS, AS A DECISION CANNOT BE MADE WITHOUT ALL THE INFORMATION SUBMITTED

## Documentation required for installation of a Waste Water System

- A copy of the under-mentioned plans and specifications a block plan (scale not less than 1:500, preferably 1:200) showing:
  - 1. The dimensions of all boundaries and the location of all other streets and laneways, which abut the property.
  - 2. The locations and dimensions of all buildings or proposed buildings, streams, water tanks, tennis courts, swimming pools, excavations, driveways, stormwater drains and existing waste water systems (where applicable).
  - 3. The location of the proposed waste water system including disposal area, sewer drain and all plumbing fixtures.
  - 4. The position of North
- □ A detailed floor plan of the dwelling
- Completed application form and payment of the appropriate fee

| Ι, | , the appl  | icant,  | have    | read tl | he co | nditions | s set | and  | hereby  | supply  | the | inform | ation | that is | s re | quired | d for |
|----|-------------|---------|---------|---------|-------|----------|-------|------|---------|---------|-----|--------|-------|---------|------|--------|-------|
| tl | he installa | ation o | of an C | Onsite  | Wast  | ewater   | Syst  | em t | o the C | ouncil. |     |        |       |         |      |        |       |
|    |             |         |         |         |       |          |       |      |         |         |     |        |       |         |      |        |       |

| Name of Applicant                                |                          |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|
| Signature of Applicant                           | Date:                    |  |  |  |  |  |
|  |                          |  |  |  |  |  |
| Fees New Domestic Septic Installations: \$290.00 | Account No. 10 6025 1010 |  |  |  |  |  |

| OFFICE USE ONLY |       |         |  |  |  |  |  |
|-----------------|-------|---------|--|--|--|--|--|
| Receipt No:     | Date: | Lic no: |  |  |  |  |  |