## Application for a Permit to Install or Alter an

**On-site Wastewater Management System** 

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Council specific information						
Please use this form to apply to the Knox City Council to either construct, install or alter an on-site wastewater management system. Please note that you cannot construct, install or alter the system until Council has approved the application.						
Application type						
Installation and/or construction of a system Alteration of a system						
Applicant details						
Is the applicant the	owner or an agent of the owner?	Agent of own	er			
Given name:		Surname:				
Address:						
Suburb:		State:	Postcode:			
Postal address: (if different to above)						
Suburb:		State:	Postcode:			
Contact details:	Bus: Fax:	Mol	p:			
	Email:					
Property owner o	details					
Given name:		Surname:				
Address:						
Suburb:		State:	Postcode:			
Postal address: (if different to above)						
Suburb:		State:	Postcode:			
Contact details:	Bus: Fax:	Mol	b:			
	Email:					
Would you like to r	receive correspondence by email?	🗖 No				

Site address for	installation / alteration				
Address:					
Suburb:		State:		Postcode:	
Plumber / drain	er				
	le for the construction, installation or alteratior	n work for the system:			
Plumber 1			<b></b>		
Given name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Contact details:	Bus: Fax:		Mobile:		
	Email:				
Licence number:					
If more than one	plumber will be doing work on the system, plea	se complete details belo	ow:		
Plumber 2					
Given name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Contact details:	Bus: Fax:		Mobile:		
	Email:				
Licence number:					
Drainer / contra	tor				
Given name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Contact details:	Bus: Fax:		Mobile:		
ſ	mail:				
Licence number:			_		

Effluent generation							
Use of building associated  Household  Accommodation with this application:	(eg hotel) 🛛 Restaurant 🖓 Other:						
Number of bedrooms (inc. studies): Number of people e	Number of bedrooms (inc. studies): Number of people expected to use the system per day:						
Number of water intensive features (complete below):							
Spa: Bath: Swimming Pool:	Other (& quantity):						
Treatment methods							
Treatment type:	Treatment capacity (litres):						
Treatment equipment:	Certificate of conformance no.:						
Company name:	Certification expiry:						
Model:							
Additional treatments:							
Disposal methods							
Method of effluent disposal (please complete below the method by wh	ch the wastewater from the system will be disposed):						
Absorption							
Trenches length (m): Width (m):	Depth (m):						
Irrigation system							
Sub-surface (m2):							
Other disposal method measurements:							
Supporting documents – please only submit paper copy if electro	bnic documents are unavailable						
Certificate of title - A copy of a current certificate of title for the allot	nent, including a plan of subdivision.						
Locality map - A general locality map, including directions on how to locate and identify the property.							
□ Block plan – Provide a block plan (minimum scale 1:100) showing the location of the premises including street/lot numbers, location of all nearby streets, dimensions of all boundaries, location and dimensions of all buildings or proposed buildings, easements, streams, water tanks, swimming pools, excavations, driveways, gas pipes and underground services, stormwater drains, water pipes, existing tank systems, location of the proposed septic tank, treatment plant & effluent disposal system, the position of north and the fall of the land.							
<b>Floor plan</b> - A detailed floor plan of the dwelling. Clearly distinguish between existing and proposed details							
Owners certification - If applicant is not the owner please provide written authorisation from the owner if the form is signed by someone other than owner.							
<b>System plan</b> - A detailed plan and section (scale of not less than 1:100) of all parts of the proposed on-site wastewater system, showing all dimensions and grades (including any applicable wells, dams etc).							

Current certificate of conformance for the system.					
<b>Specification</b> - Specification describing materials to be used in the construction and where required by the Council's Authorised Officer, other additional information necessary to show that the on-site wastewater system will, if constructed in accordance with such specifications, comply with regulations.					
<b>Summary of data calculation</b> - Provide a summary of the calculations used to size system components.					
<b>Effluent disposal details</b> - Provide a full description of the proposed means for treating the effluent.					
Payment and lodgement details					
The applicable fee is listed below and is valid from <u>1 July 2021 to 30 June 2022</u> (GST exempt)					
Permit to construct, install or alter a septic tank system - \$530.00					
<ul> <li>Payments by cash/cheque/eftpos/telephone (cheque made payable to Knox City Council. Payment reference required for telephone payments – located on invoice).</li> </ul>					
• Online payment is available at www.knox.vic.gov.au/payments. Click on Food & Health Renewal Registration and follow the prompts. Refer to your invoice for your online payment reference.					
Please note, your invoice must be attached to this completed form when submitting.					
If you intend to post or fax this form, please use the following details:					
Knox City Council, 511 Burwood Hwy, Wantirna South VIC 3152					
Telephone: 03 9298 8000 Email: <u>health.services@knox.vic.gov.au</u>					
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.					
<ul> <li>I am over 18 years of age at the time of completing this application.</li> </ul>					
By signing below I confirm that I have read and understood all the statements above					
Signature of Applicant: Print name:					
Authority: (if signing on behalf of a company) Date:					
Privacy Statement					
The information gathered in this form is used by Council to process the application. To view Council's privacy policy, please go to					

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