

## Application for a Permit To Install or Alter an On-Site Wastewater Management System

### 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? ☐ Owner ☐ Agent of owner

Given name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal address:

(if different to above)

Suburb:

State:

Postcode:

Contact details:

Bus:

Fax:

Mob:

Email:

### Property owner details

Given name:

Surname:

Address:

Suburb:

State:

Postcode:

Postal address:

(if different to above)

Suburb:

State:

Postcode:

Contact details:

Bus:

Fax:

Mob:

Email:

Would you like to receive correspondence by email?

☐ Yes☐ No

**Site address for installation / alteration**

Address:

Suburb:  State:  Postcode:

**Plumber / drainer**

Person responsible for the construction, installation or alteration work for the system:

**Plumber 1**

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, please complete details below:

**Plumber 2**

Given name:  Surname:

Address:

Suburb:  State:  Postcode:

Contact details: Bus:  Fax:  Mobile:

Email:

Licence number:

**Drainer / contractor**

Given name:  Surname:

Address:

Suburb:  State:  Postcode:

Contact details: Bus:  Fax:  Mobile:

Email:

Licence number:

Effluent generation			
Use of building associated with this application:	<input type="checkbox"/> Household	<input type="checkbox"/> Accommodation (eg hotel)	<input type="checkbox"/> Restaurant <input type="checkbox"/> Other: _____
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:	<input style="width: 100%;" type="text"/>	Treatment capacity (litres):	<input style="width: 100%;" type="text"/>
Treatment equipment:	<input style="width: 100%;" type="text"/>	Certificate of conformance no.:	<input style="width: 100%;" type="text"/>
Company name:	<input style="width: 100%;" type="text"/>	Certification expiry:	<input style="width: 100%;" type="text"/>
Model:	<input style="width: 100%;" type="text"/>		
Additional treatments:	<input style="width: 100%;" type="text"/>		
Disposal methods			
Method of effluent disposal (please complete below the method by which the wastewater from the system will be disposed):			
<input style="width: 100%; height: 20px;" type="text"/>			
<b>Absorption</b>			
Trenches length (m):	<input style="width: 100%;" type="text"/>	Width (m):	<input style="width: 100%;" type="text"/>
		Depth (m):	<input style="width: 100%;" type="text"/>
<b>Irrigation system</b>			
Sub-surface (m2):	<input style="width: 100%;" type="text"/>	Surface (m2):	<input style="width: 100%;" type="text"/>
Other disposal method measurements:	<input style="width: 100%;" type="text"/>		
Supporting documents – please only submit paper copy if electronic documents are unavailable			
<input type="checkbox"/> <b>Certificate of title</b> - A copy of a current certificate of title for the allotment, including a plan of subdivision.			
<input type="checkbox"/> <b>Locality map</b> - A general locality map, including directions on how to locate and identify the property.			
<input type="checkbox"/> <b>Block plan</b> – 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.			
<input type="checkbox"/> <b>Floor plan</b> - A detailed floor plan of the dwelling. Clearly distinguish between existing and proposed details			
<input type="checkbox"/> <b>Owners certification</b> - If applicant is not the owner, please provide written authorisation from the owner if the form is signed by someone other than owner.			
<input type="checkbox"/> <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.

☐ **Specification** - 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.

☐ **Summary of data calculation** - Provide a summary of the calculations used to size system components.

☐ **Effluent disposal details** - 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 **1 July 2025 to 30 June 2026** (GST exempt)

Permit to construct or install - \$822.00

Please note, you will be issued an invoice within 10 business days from submitting the completed form to council.

If you intend to post/email this form, please use the following details:

Knox City Council, 511 Burwood Hwy, Wantirna South VIC 3152

**Email:** health.services@knox.vic.gov.au **Telephone:** 03 9298 8000

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.
- I am over 18 years of age at the time of completing this application.

**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 [www.knox.vic.gov.au](http://www.knox.vic.gov.au) or visit the Knox City Council Civic Centre.