

**ARARAT RURAL CITY COUNCIL**

Municipal Offices, Corner Vincent &amp; High Sts, Ararat

Post Office Box 246, Ararat, Victoria, 3377

Telephone 03 5355 0200

[council@ararat.vic.gov.au](mailto:council@ararat.vic.gov.au)

Ararat Rural City

# APPLICATION TO INSTALL or ALTER A WASTE WATER SYSTEM

<b>1<sup>ST</sup> JULY 2019 TO 30 JUNE 2020</b>		<b>FEE PAID</b> \$
INSTALLATION FEE	\$420.00	
ALTERATION FEE	\$260.00	
ALTERATION TO APPLICATION	\$165.00	
<b>(OFFICE USE ONLY)</b>		
DATE RECEIVED	_____	
RECEIPT NO.	_____	
LEDGER NO.	10503	

ENVIRONMENT PROTECTION ACT 1970

SEPTIC TANKS CODE OF PRACTICE 2008

- NEW INSTALLATION
- ALTERATION
- ALTERATION TO APPLICATION

 Is the applicant Owner or Agent of the Owner      Owner       Agent of Owner 
**APPLICANT DETAILS:**

Name:				
Postal Address:				
Phone (Business Hours):				
Phone (Business Hours):	(After Hours):	Fax:		
(Mobile):	Email:			

**OWNER DETAILS: (if different to Applicant)**

Name:				
Postal Address:				
Phone (Business Hours):				
Phone (Business Hours):	(After Hours):	Fax:		
(Mobile):	Email:			

**SITE ADDRESS:** Give the address and particulars of the land. Attach a locality sketch plan.

Lot No:	Plan no:	Crown Allotment:	Section:	Parish:
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**STREET ADDRESS:** Include Rural Property Number where applicable.

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**PLUMBER 1 DETAILS:**

Name:		PIC Registration/Licence No:		
Postal Address:				
Phone (Business Hours):	(After Hours):	Fax:		
(Mobile):	Email:			

**PLUMBER 2/DRAINER DETAILS:**

Name:		PIC Registration/Licence No:		
Postal Address:				
Phone (Business Hours):	(After Hours):	Fax:		
(Mobile):	Email:			

PRIVATE BUILDING SURVEYOR: (FILL IN ONLY IF COPY OF PERMIT REQUIRED)				
Name:		VBA Registration No:		
Postal Address:				
Phone (Business Hours):		(After Hours):		Fax:
(Mobile):		Email:		

BUILDING DETAILS:
<b>Type of Building:</b> House <input type="checkbox"/> , Factory <input type="checkbox"/> , Office <input type="checkbox"/> Shop <input type="checkbox"/> Other <input type="checkbox"/> _____
Number of Bedrooms (including studies): _____ Number of people expected to use the system per day: _____ Number of fixtures: toilets __ , Spa __ , Baths __ , Showers __ , Sinks __ , Troughs __ , Dishwasher __ . Water Supply: On-site roof water tank supply <input type="checkbox"/> , Reticulated water supply <input type="checkbox"/> . WELS-rated water reduction fixtures and fittings (Water Efficiency Labeling & Standards) <input type="checkbox"/>

SYSTEM DETAILS:					
<b>Primary Treatment:</b>	Concrete <input type="checkbox"/>	Primary tank capacity (Litres):	_____ LTS	Secondary treatment:	Model Name - _____
	Plastic <input type="checkbox"/>			Certificate of Conformance No. - _____	
	Worm <input type="checkbox"/>				
<b>Method of effluent disposal:</b> Method by which the black water from the septic tank will be discharged			<input type="checkbox"/> Pressurised Drip Irrigation <input type="checkbox"/> Mound <input type="checkbox"/> Evaporation/Transpiration trenches <input type="checkbox"/> Low Pressure Effluent Distribution (LPED) <input type="checkbox"/> 90mm slotted UPCVC <input type="checkbox"/> Dome drain <input type="checkbox"/> Other _____		

ABSORPTION / EVAPOTRANSPIRATION TRENCHES:				
Length (m)		Width (m)		Depth (m)

IRRIGATION SYSTEM:			
Sub-surface/drip (m <sup>2</sup> )		Surface Drip (m <sup>2</sup> )	

SAND FILTER / POLISHING SAND FILTER DETAILS/MOUND SYSTEM:				
Length (m)		Width (m)		Depth (m)

**SUPPORTING DOCUMENTS to be supplied with application**

<input type="checkbox"/>	<b>Certificate of Title:</b> Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf. A copy of current (no more than 3 months old) Certificate of Title for the Allotment, including a plan of subdivision.
<input type="checkbox"/>	<b>Locality Map:</b> Only (1) Copy. If providing attachment electronically, please supply as jpeg; doc or pdf A general locality map, including directions on how to locate and identify the property and any other relevant information (such as if the gate is locked who to telephone for access etc).
<input type="checkbox"/>	<b>Block Plan:</b> Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf The block plan must show the point North, the location of the dwelling, fall of land, position of the proposed septic system, all existing and proposed buildings, driveways, easements, dams, creeks, underground water tanks, bores or wells and the position of all existing and proposed services such as stormwater drains, underground powerlines, telephone cables, gas pipes or any other services.
<input type="checkbox"/>	<b>Floor Plan:</b> Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf A detailed floor plan of the dwelling. Clearly distinguish between existing and proposed details.
<input type="checkbox"/>	<b>System Plan:</b> Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf The system plan must indicate the exact proposed location of the septic tank or wastewater treatment system and the layout of the proposed effluent disposal area as well as the reserved disposal area. Irrigation plans should indicate the location of all taps, valves and flush points, whether the system is sub surface or of the drip irrigation type and the distance between drippers.
<input type="checkbox"/>	<b>Land Capability Assessment: to assess the capability of the site to sustainably manage wastewater within allotment boundaries and identify a management program to put in place to minimize the health and</b> Environmental impacts of on-site wastewater management. Refer to EPA publication 746.1 Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf
<input type="checkbox"/>	<b>Additional Information As Requested by Council.</b> Only (1) Copy. If providing attachment electronically, please supply as: jpeg; doc or pdf

**DECLARATION:**

I understand and acknowledge that:

- The information provided in this application is true and compare 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.
- The site has been identified and the location of the proposed building and wastewater system is marked.

By marking this checkbox I confirm that I have read and understood all the statements above.

Name of person completing this application:

Signature of person completing this application:

Date:

**PRIVACY STATEMENT:**

The information gathered in this 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's website located at [www.ararat.vic.gov.au](http://www.ararat.vic.gov.au)

**PAYMENT OPTIONS::**

**In Person** Municipal Offices, Cnr Vincent & High Street, Ararat. 8.00am – 5.15pm Monday to Friday

**By Mail** Ararat Rural City Council, PO Box 246, Ararat Vic 3377

**Cheques to be made out to Ararat Rural City Council**

**By Credit Card** – see below

Your signature below is an authority for Ararat Rural City Council to issue a sales voucher for the amount shown below as your payment for your application

**Card Type:**  Visa  Mastercard Do you require a receipt?  Yes  No

ANZ  Commonwealth  Westpac  Bendigo  Other

Credit card number

Expiry date     Amount \_\_\_\_\_

Cardholder's name \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

If you intend to post or fax this form please use the details at the beginning of the form.