



**In person:** 104 Hovell St, Wodonga, VIC 3690

**Phone:** (02) 6022 9300

**Post:** PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

*Under the Environment Protection Act 1970*

*The application to install a wastewater management system in the Wodonga municipality requires the submission to the council of all information outlined in this application form. Failure to include requested information may result in your application being refused or considerable delay.*

<b>Existing system details</b>	<input type="checkbox"/> AWTS <input type="checkbox"/> Soil absorption		
	<input type="checkbox"/> Sand filter <input type="checkbox"/> Compost		
	<input type="checkbox"/> Biolytix		
	<input type="checkbox"/> Other (please specify): _____		
	Name and model:		
	Age of system (please attach any permits or plans for the existing system):		
	Tank capacity (litres):		
	<input type="checkbox"/> Primary chamber: _____ <input type="checkbox"/> Secondary chamber: _____		
<b>Proposed alteration details</b>	Existing:		
	<input type="checkbox"/> Trench <input type="checkbox"/> Surface irrigation <input type="checkbox"/> Sub-surface irrigation		
	<input type="checkbox"/> Other (please specify): _____		
	Please specify length and width of trench/square meters of irrigation area:		
	Specify proposed alteration details:		
<b>Property details</b>	Unit number:	Street number:	Street name:
	Suburb:	State:	Post code
	Lot number:		
	Property size (m <sup>2</sup> ):		
	Water supply:		
	<input type="checkbox"/> Mains <input type="checkbox"/> Tank <input type="checkbox"/> Bore		
	<input type="checkbox"/> Other (please specify): _____		
	Property use:		
	<input type="checkbox"/> Residential dwelling <input type="checkbox"/> Commercial/industrial		
	<input type="checkbox"/> Other (please specify): _____		
	Number of existing bedrooms:		
	Total number of bedrooms:		
	Intended number of persons using the system:		
	Liquid trade waste connected to the system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Owner details</b>	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
	Given name/s:		
	Surname:		
	Postal address:		
	Suburb:	State:	Post code
	Phone (work):	Phone (home):	
	Mobile:	Fax:	
	Email:		

<b>Builder details</b>	Builder/company name:	
	Phone (work):	Fax:
<b>Installation details</b>	To be installed by:	
	Company name:	
	License number:	
	Unit number:	Street number: Street name:
	Suburb:	State: Post code
	Phone (work):	Fax:
<b>Site details</b>	Is a LCA and/or soil texture structure and permeability test required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, are the results attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Site aspect/exposure: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor	
	Disposal area exceed 1:100 slope? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Area available for disposal (m <sup>2</sup> ): _____	
	Area available for reserve disposal (m <sup>2</sup> ): _____	
	Disposal area located above: 1:20 year flood level: <input type="checkbox"/> Yes <input type="checkbox"/> No      1:100 year flood level: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Electrical components located above 1:100 year flood level: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Please indicate buffer distances of disposal area to: Well/bore for domestic supply (metres): _____ Dams, drainage channels (metres): _____ Swimming pools (metres): _____ Intermittent watercourse (metres): _____ Creeks/rivers (metres): _____ Boundary of premises (metres): _____ Buildings (metres): _____	
		Existing fixtures:
Number of basins: _____		Number of basins: _____
Number of baths: _____		Number of baths: _____
Number of showers: _____		Number of showers: _____
Number of sinks: _____		Number of sinks: _____
Number of troughs: _____		Number of troughs: _____
<b>Plans and specifications</b>	I have enclosed a copy of the under mentioned plans and specifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	A location plan of the property including street number or lot number, showing: <ul style="list-style-type: none"> <li>The dimensions of all boundaries and the location of all other streets and laneways which abut the property; and</li> <li>The location of the proposed works site.</li> </ul>	
	A site plan of the existing/proposed house site, showing: <ul style="list-style-type: none"> <li>The locations and dimensions of all buildings (including pools, driveways, stormwater disposal, and existing septic tanks); and</li> <li>The location of the proposed wastewater system including sewer drains, all plumbing fixtures and location of land application areas.</li> </ul>	
	A detailed plan on the enclosed wastewater management system plan, showing: <ul style="list-style-type: none"> <li>The location of all buildings (including pools and existing septic tanks);</li> <li>The location of the proposed wastewater system including sewer drains, all plumbing fixtures (referring to the key) and location of land application areas; and</li> <li>The position of north.</li> </ul>	
	All disposal area sizing calculations are to be included with this application.	
	Requests for extra inspections or inability to complete works as directed, resulting in an additional inspection, will incur a fee. Failure to complete entire works (including the house fixtures) within two years (24 months) will require the applicant to extend the permit to install. Extended permits can be issued for 12 months - please see fees and charges on the website.	

<b>Declaration</b> This form must be signed by the person making the request.  Remember it is against the law to provide false or misleading information, which could result in a fine.	<b>I/we, being the owner of the above property, have read and understood all of the above requirements for altering a wastewater management system. I understand that alteration of a system without a permit to install is a contravention of the <i>Environment Protection Act 1970</i>, which if not complied with, carries a penalty infringement. I also understand that it is my responsibility as the property owner to ensure that all conditions of the permit to install are complied with and that any previous permits become null and void on the approval of this permit.</b>
	Name: _____
	Signature: _____
Date:     /     /	

**Waste water management system plan**

<b>Installation details</b>	<input type="checkbox"/> New dwelling/occupancy		<input type="checkbox"/> Alteration/upgrade to existing system	
	Owner: _____			
	Lot number: _____			
	Unit number: _____	Street number: _____	Street name: _____	
	Suburb: _____	State: _____	Post code	_____
	Installed by: _____			
	License number: _____			

<b>* Please indicate north direction</b>														<b>Key</b>	
														Basin	1
														Bath	2
														Other	3
														Shower	4
														Sink	5
														Trough	6
														WC	7
														WM	8

Plan drawn and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Major alteration (fees apply)	<input type="checkbox"/> Minor alteration (fees apply)
Receipt number: _____	Date paid: _____
Permit number: _____	Date of permit: _____