



Application to amend a septic system permit

Fee: \$165

Existing permit no: _____

Site Address

Lot no: _____ Street no and name: _____

Town and postcode: _____

Applicant (if not the owner)

First name: _____ Surname: _____

Address: _____

Company Name: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Owner

First name: _____ Surname: _____

Address: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

Plumber / drainer

First name: _____ Surname: _____

Company name: _____ Licence number: _____

Address: _____ Town: _____ Postcode: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

This space has been intentionally left blank. Please make sure you complete the form fields over page.

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

Building

Select the type of building:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> New Dwelling | <input type="checkbox"/> Factory |
| <input type="checkbox"/> Addition to Existing Dwelling | <input type="checkbox"/> Office |
| <input type="checkbox"/> Alteration to Existing Dwelling | <input type="checkbox"/> Shop |
| <input type="checkbox"/> House | <input type="checkbox"/> DPU |
| <input type="checkbox"/> Other (specify below) | |

No. of bedrooms: _____

Average number of people who will use the system: _____

Maximum number people to use the system: _____

Source of water supply

- Tank water Town water Bore water

Type of fixtures:

- Standard Water reduction

System details (select one)

- Standard septic tank (conventional) Treatment plant / 20/30 standard systems

Tank capacity (litres): _____
Pump capacity (if applicable): _____
Proposed effluent
Total length (metres): _____
Width (metres): _____

Plant name: _____
Model no: _____
Other system: _____
Effluent disposal: <input type="checkbox"/> sub-surface irrigation
<input type="checkbox"/> surface irrigation
Proposed effluent
Total length (metres): _____
Area (m ²): _____

- Other system (specify details below):

Finalising your application

- I have attached an updated site plan detailing tank location and effluent field layout.

Note: the fee for this application is exempt from GST under Division 81 of the GST Act.

Signature: _____ Date: _____

Payment options

In person: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our Service Centres.

By Mail: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

Mastercard Visa

I authorise you to charge the following amount to my credit card: \$ _____

Name on card: _____

Credit card number:

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Expiry date (xx/xx): _____ Signature: _____