



**Application to Construct/Install/Alter**  
**Onsite Wastewater Management System**  
**(OWMS)**  
*Environment Protection Act 2017 (Part 4.3) &*  
*Environment Protection Regulations 2021*

**Moyne Shire Council**  
**Tel: 03 5568 0555**  
[www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)

| Council Use Only      |                      |
|-----------------------|----------------------|
| Application Date :-   | <input type="text"/> |
| Document ID:-         | <input type="text"/> |
| Application Number:-  | <input type="text"/> |
| Date of registration. | <input type="text"/> |

### Council Specific Information

Please use this form to apply to Moyne Shire Council for a permit to install/construct or alter Onsite Wastewater Management System (OWMS) with a design or actual flow rate of sewage not exceeding 5000 L on any day. An **alteration** means any change to the design or construction of a system; the operation of a system; or changes to a premises which may increase the hydraulic flow or organic load of a system. **Minor alteration** means an alteration that consists only of the installation, replacement or relocation of the internal plumbing, fixtures or fittings of an OWMS.

### Type of Application

- Install/Construct OWMS
- Alter existing OWMS
- Minor alteration to existing OWMS

### Site Address for OWMS construct/install/alter

|                      |                      |                      |  |
|----------------------|----------------------|----------------------|--|
| Lot No.              | Street No.           |                      |  |
| <input type="text"/> | <input type="text"/> |                      |  |
| Street               |                      |                      |  |
| <input type="text"/> |                      |                      |  |
| Suburb / Town        | State                | Postcode             |  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |  |

### Applicant Details

|                                |                      |                      |
|--------------------------------|----------------------|----------------------|
| Title                          | Given Name(s)        | Surname              |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| <b>Owners Address</b>          |                      |                      |
| Street Address/ Postal Address |                      |                      |
| <input type="text"/>           |                      |                      |
| Suburb / Town                  | State                | Postcode             |
| <input type="text"/>           | <input type="text"/> | <input type="text"/> |
| Contact number                 | Email                |                      |
| <input type="text"/>           | <input type="text"/> |                      |

## Property Owner Details

### Details

Title

Surname

Given Name(s)

### Address

Street Address/ Postal Address

Suburb / Town

State

Postcode

Mobile

Email

### Owner Authorisation

I hear by authorise the applicant to apply to construct/install/alter an OWMS

Signature of Owner/s

## Plumber Details

### Details

Title

Surname

Given Name(s)

### Address

Street Address/ Postal Address

Suburb / Town

State

Postcode

Mobile

Email

Licence Number

Licence Expiry Date

## Building Surveyor Details

### Details

Title

Surname

Given Name(s)

### Address

Street Address/ Postal Address

Suburb / Town

State

Postcode

Mobile

Email

## Usage Details

**Type of Premises:**

- Residential    Commercial    Industrial

**Number of Bedrooms:**

**Number of Study/Rumpus rooms:**

**Do you have a bath/spa greater than 250L?**

- No    Yes

Capacity in litres: \_\_\_\_\_

**Fixture Rating:**

- Standard water fixtures    Full water reduction fixtures

**Water Supply:**

- Rain water tank supply    Mains water supply

## Onsite Wastewater Management System Design

**Method of Treatment:**

**Septic Tank (all waste)**

- Model: \_\_\_\_\_
- Capacity of Tank (litres): \_\_\_\_\_
- Certificate of Conformity No. \_\_\_\_\_
- Pump well:    YES    NO

**Secondary Treatment System\*\***

- Model: \_\_\_\_\_
- Certificate of Conformity No. \_\_\_\_\_

**Septic Tank with Sand Filter\*\***

- Sand filter size (m2): \_\_\_\_\_
- Certificate of Conformity No. \_\_\_\_\_

**\*\* IMPORTANT:** A copy of the certificate of conformity for all secondary treatment systems and sand filters being installed **must** be supplied upon application for a permit. A body accredited under the Joint Accreditation System of Australia and New Zealand must issue this certificate of conformity.

**Other (specify):** \_\_\_\_\_

**Effluent Disposal:**

**Conventional absorption trenches**

- 90mm Slotted PVC    RELN drain    Dosed (via poly-pipe)

- Number of trenches : \_\_\_\_\_
- Total length of trenches (m): \_\_\_\_\_
- Width of trenches (mm): \_\_\_\_\_

**Pressure compensating sub-surface irrigation**

- Total area of irrigation (m2): \_\_\_\_\_

**ETA/ETS Beds**

- Number of trenches : \_\_\_\_\_

- Total length of trenches (m): \_\_\_\_\_

- Width of trenches (mm): \_\_\_\_\_

**Wick Trenches**

- Number of trenches : \_\_\_\_\_

- Total length of trenches (m): \_\_\_\_\_

**Other (specify):**

### Supporting Information to be Supplied

The following information **must** be provided with the application:

- Proposed onsite wastewater system plan** which includes system design, layout and dimensions (plan should also include site features such as dwellings, buildings, sheds, swimming pools, driveways etc.).
- Floor plan of the dwelling or premises** at which the activity specified in the application is to be engaged in.
- Copy of Title**
- Land Capability Assessment or soil test report** (if Council determines necessary)
- Copy of Certificate of Conformity** (for treatment plants and sand filters only)
- Planning Permit** (if required)

Applications which are incomplete or do not provide an acceptable level of detail cannot be assessed and Council will require the applicant to provide further information under section 50(3) of the *Environment Protection Act 2017*.

### Applicant 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
- I am over 18 years at the time of completing this application

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

Name of person completing this application

Date

Signature of person completing this application

## Privacy Statement

Moyne Shire Council is committed to protecting all personal and sensitive information consistent with the principles set out in the Privacy and Data Protection Act 2014. Council is collecting the information on this form for the purpose of processing this application. The information will only be collected, stored, used or disclosed for the purpose for which it was collected, with your permission or as required by law.

## Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council  
PO Box 51  
PORT FAIRY VIC 3284

**Email:** [moyne@moyne.vic.gov.au](mailto:moyne@moyne.vic.gov.au)

**Telephone:** 03 5568 0555

**Website:** [www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)

### **PAYMENT OF APPLICATION FEES:**

Upon receiving an application, Council will issue an invoice to the applicant for the relevant application fee. Payment details and options will be included on the issued invoice. **Permits cannot be issued until application fees have been paid in full.**