



## APPLICATION REQUIREMENTS

### Application to install a new onsite wastewater management system

Complete this form and submit the following information:

- Site plan showing the location of any: proposed/existing dwelling/s, ancillary buildings/structures, landscape features/structures (e.g. swimming pools, stormwater drains, waterways etc), onsite wastewater management system location and effluent disposal area.
- Floor plan of the dwelling.
- A copy of a Land Capability Assessment (unless advised otherwise by Council).
- Onsite wastewater management system plan detailing all parts of the proposed system, including dimensions, grades and a description of materials to be used.

### Application to alter an existing onsite wastewater management system

Complete this form and attach the following information:

- Site plan showing the location of, the existing dwelling/s, ancillary buildings/structures, landscape features/structures (e.g. swimming pools, stormwater drains, waterways etc), onsite wastewater management system location and effluent disposal area.
- Details of the existing onsite wastewater management system including type and method of effluent disposal.
- Floor plan of the dwelling detailing proposed changes (only if making changes to the dwelling e.g. location of new bedroom/bathroom).
- A plan detailing proposed changes to the onsite wastewater management system. NOTE: Alterations to your onsite wastewater management system may require you to provide a copy of a land capability assessment – contact the Environmental Health team on 9705 5200 to discuss whether this applies to your circumstances.

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## WHAT HAPPENS NEXT?

Council will assess your application. You may be required to provide further information.

If approved, your permit will be sent to you. If your permit is not approved, Council will contact you.

## APPLICATION TYPE

<input type="checkbox"/> Install a new Septic System	<input type="checkbox"/> Alter an existing Septic System
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## APPLICANT DETAILS

Is the applicant the owner or an agent of the owner?

<input type="checkbox"/> Owner	<input type="checkbox"/> Agent of Owner
Surname:	First Name:
Postal address:	
Suburb:	Postcode:
Mobile:	Telephone:
Email:	

**The property owner must complete the below authorisation if they are not the applicant.**

## PROPERTY OWNER DETAILS

Surname:	First Name:
Postal address:	
Suburb:	Postcode:
Mobile:	Telephone:
Email:	
I hereby authorise (insert applicant's name) _____ to apply for a permit to:	
<input type="checkbox"/> Install the septic system at this property	
<input type="checkbox"/> Alter the septic system at this property	
Signature of property owner:	

**SITE ADDRESS FOR INSTALLATION/ALTERATION**

Street address:	
Suburb:	Postcode:

**PLUMBER DETAILS** (Person responsible for installation or alteration work for the system)

Surname:	First Name:
Postal address:	
Suburb:	Postcode:
Licence No.:	Phone:
Email:	

If more than one plumber will be doing work on the system, please complete the below details.

Surname:	First Name:
Postal address:	
Suburb:	Postcode:
Licence No.	Phone:
Email:	

**BUILDING DETAILS**

Building Type			
<input type="checkbox"/>	House	<input type="checkbox"/>	Office
<input type="checkbox"/>	Factory	<input type="checkbox"/>	Shop
<input type="checkbox"/>	Other (please specify)		
No. people expected to use system daily			No. Bedrooms (incl studies)
Number Connected Fixtures			
Baths		Sinks	
Shower		Dishwashers	
Spas		Toilets	
Other (please specify)			

**ONSITE WASTEWATER MANAGEMENT SYSTEM DETAILS**

Onsite wastewater management system type (e.g. septic tank, all waste secondary sewage treatment system, advanced secondary greywater system)	
Manufacturer's name	
Model name	
Certificate of conformity no.	

**EFFLUENT DISPOSAL METHOD:**

<input type="checkbox"/>	Absorption trenches	Length (m)		Width (m)		Depth (m)	
<input type="checkbox"/>	Sub-surface irrigation system	Area (m <sup>2</sup> ):					
<input type="checkbox"/>	Other (please specify):						

## 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 of age at the time of completing this application.

<input type="checkbox"/>	By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.
Applicant signature:	
Print name:	
Authority (if on behalf of a company):	
Date:	

## LODGEMENT



**EMAIL:**  
[caseycc@casey.vic.gov.au](mailto:caseycc@casey.vic.gov.au)



**IN PERSON:**  
**Bunjil Place Customer Service**  
 2 Patrick Northeast Drive, Narre Warren



**MAIL:**  
 City of Casey  
 PO Box 1000,  
 Narre Warren, VIC 3805

**Cranbourne Customer Service**  
 Shop 156, Cranbourne Park Shopping  
 Centre,  
 South Gippsland Highway, Cranbourne

*Please refer to the City of Casey website for opening hours*

## PRIVACY STATEMENT

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website [www.casey.vic.gov.au](http://www.casey.vic.gov.au) and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website [www.casey.vic.gov.au](http://www.casey.vic.gov.au) or by calling on **9705 5200**.

**Web:** casey.vic.gov.au  
**Email:** caseycc@casey.vic.gov.au  
**Phone:** 03 9705 5200  
**Post:** PO Box 1000, Narre Warren VIC 3805  
**NRS:** 133 677 (for the deaf, hearing or speech impaired)

**Narre Warren:** Bunjil Place, Patrick Northeast Drive  
**Cranbourne:** Cranbourne Park Shopping Centre  
**ABN:** 43 320 295 742