



MINOR ALTERATION – ONSITE WASTEWATER MANAGEMENT SYSTEM

OVERVIEW

Please use this form to apply to make a minor alteration to an existing onsite wastewater management system within the City of Casey (system daily flow rate of 5000L or less per day).

If your system is designed to handle a higher flow rate, contact EPA Victoria on 1300 372 842 - you are required to apply for an EPA Licence.

A minor alteration is the installation, replacement or relocation of internal plumbing, fixtures or fittings of an onsite wastewater system.

You may not make an alteration to an onsite wastewater system until you have been granted a permit to do so.

APPLICATION FEE

Minor Alteration 37.25 Fee Units.

Contact Council's Environmental Health team on 9705 5200 to obtain an invoice.



APPLICATION REQUIREMENTS

Complete this form and submit the following information:

- Site plan showing the location of: the existing dwelling/s, ancillary buildings/structures (e.g swimming pools), storm water drains, landscape features/structures, onsite wastewater management system location and effluent disposal area.
- Details of the existing system including type and method of effluent disposal.
- Floor plan of the dwelling detailing where the proposed change is to occur e.g. ensuite of master bedroom.
- Information detailing the proposed minor alterations to the system e.g. specifications of the replacement fixture.

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.

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 this minor alteration permit for my property.	
Signature of property owner:	
SITE ADDRESS FOR 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 of Connected Fixtures							
Baths		Sinks		Basins			
Showers		Dishwashers		Laundry troughs			
Spas		Toilets		Garbage disposal units			
Other (please specify):							
ONSITE WASTEWATER MANAGEMENT SYSTEM DETAILS							
Onsite wastewater management system type (e.g. septic tank, all waste secondarysewage 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 ²):					
<input type="checkbox"/>	Other (please specify):						
Description of the proposed alteration e.g. replacing the vanity unit in the master bedroom ensuite:							

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.

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

Submit your completed form to us.



EMAIL:
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 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 or by calling on **9705 5200**.

