

## Application for a Permit to Install or Alter an On-site Wastewater Management System OWMS (Septic)

**Strathbogie Shire Council**

03 5795 0000

<http://www.strathbogie.vic.gov.au>

Questions marked with an asterisk (\*) are mandatory and must be completed.

**Council specific information** – Please use this form to apply to Strathbogie Shire Council to either install a septic system or alter a septic system installation under the *Environment Protection Act 2017 – part 4.3 and 4.5*. Please be aware that commencing septic tank system onsite work without a 'Permit to Install' is prohibited.

Application Type						
Please select what you wish to do:	<input type="checkbox"/> <b>Install a new septic / OWMS</b>			<input type="checkbox"/> <b>Alter an existing septic / OWMS</b>		
Site Address for Installation/Alteration						
Street address:						
Suburb/Town:				State:		Postcode:
Formal land description, found on certificate of title						
Title plan (volume):			Title plan:			
Crown allotment:		Section number:		Parish Name:		
Applicant Details						
Is the applicant owner or an agent of the owner?				<input type="checkbox"/> Owner		<input type="checkbox"/> Agent of Owner
Title:	Surname:			Given Names:		
Company/Business: (if applicable)				Contact Person:		
Address:	<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	
Street address/postal address:						
Suburb/Town:				State:		Postcode:
Please provide at least one phone number and include the area code						
Business phone:				Home phone:		
Mobile phone:						
Email:						
Property Owner Details (complete if different to applicant)						
Title:	Surname:			Given Names:		
Company/Business: (if applicable)				Contact Person:		
Address:	<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	
Street address/postal address:						
Suburb/Town:		State:				Postcode:
Please provide at least one phone number and include the area code						
Business phone:				Home phone:		
Mobile phone:						
Email:						

## Application for a Permit to Install or Alter an On-site Wastewater Management System OWMS (Septic)

Plumber/Drainer					
Plumber 1					
Title:	Surname:		Given Names:		
Address:	<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN
Street address/postal address:					
Suburb/Town:			State:		Postcode:
<b>Please provide at least one phone number and include the area code.</b>					
Business phone:			Home phone:		
Mobile phone:					
Email:					
Licence Number:					
Plumber 2					
Title:	Surname:		Given Names:		
Address:	<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN
Street address/postal address:					
Suburb/Town:		State:		Postcode:	
<b>Please provide at least one phone number and include the area code.</b>					
Business phone:			Home phone:		
Mobile phone:					
Email:					
Licence Number:					
Drainer/Contractor					
Is the plumber also the drainer/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Person responsible for installation or alteration work for the septic tank – if not the plumber.</i>					
Title:	Surname:		Given Names:		
Address:	<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN
Street address/postal address:					
Suburb/Town:			State:		Postcode:
<b>Please provide at least one phone number and include the area code.</b>					
Business phone:			Home phone:		
Mobile phone:					
Email:					
Licence Number:					

## Application for a Permit to Install or Alter an On-site Wastewater Management System OWMS (Septic)

Building						
Type of Building						
<input type="checkbox"/> House		<input type="checkbox"/> Office		<input type="checkbox"/> Shop		<input type="checkbox"/> Other -
Number of Bedrooms:				Number of people expected to use the system:		
Number of Fixtures						
Toilets:	Spa:	Baths:	Showers:	Sinks:	Troughs:	Dishwasher:
Other -						
System Details						
Proposed installation/alteration date:				Septic tank capacity (litres):		
Waste Water Treatment System						
Model Name:				EPA approved number:		
Method of Effluent Disposal – Please complete ONE OPTION below for the proposed disposal method						
Absorption Trenches:						
Length (m):	<input style="width: 150px;" type="text"/>	Width (m):	<input style="width: 100px;" type="text"/>	Depth (m):	<input style="width: 150px;" type="text"/>	
Irrigation System:						
Sub-surface (m <sup>2</sup> ):	<input style="width: 200px;" type="text"/>					
Other disposal method (reference to approved standards required):						
Disposal method Description:						
Length (m):	<input style="width: 150px;" type="text"/>	Width (m):	<input style="width: 100px;" type="text"/>	Depth (m):	<input style="width: 150px;" type="text"/>	

Supporting Documents to be provided with application
<ul style="list-style-type: none"> <li>○ <b>Certificate of Title</b> – A copy of a current Certificate of Title for the Allotment, including a plan of subdivision (current to within 2 months).</li> <li>○ <b>Septic Site Plan (or detail drawn on an aerial photograph)</b> – Provide a block plan (minimum scale 1:100) showing the location of the premises including street/lot number, location of all nearby streets, dimensions of all boundaries, location and dimensions of all buildings or proposed buildings, easements, streams, water tanks, swimming pools, excavations, driveways, gas pipes and underground services, storm water drains, water pipes, existing tank systems, location of the proposed septic tank, treatment plant &amp; effluent disposal system; the position of North and fall of land.</li> <li>○ <b>Floor Plan</b> – A detailed floor plan of the dwelling/building. Clearly distinguishing between existing and proposed details.</li> <li>○ <b>Owners Certification</b> – If applicant is not the owner please provide written authorisation from the owner if the form is signed by someone other than owner.</li> <li>○ <b>Land Capability Assessment</b> – Copy to be provided with the application. Additional information found on: <a href="https://www.strathbogie.vic.gov.au">https://www.strathbogie.vic.gov.au</a></li> <li>○ <b>Fees</b> – Please organise to make payment upon lodgement of the application, credit card payments can be accepted by calling Customer Service on 1800 065 993.</li> <li>○ <b>Documents submitted electronically</b> – file types accepted – pdf, doc, jpeg.</li> <li>○ <b>Additional information</b> – may be requested based on the nature of the application/development.</li> </ul>

## Application for a Permit to Install or Alter an On-site Wastewater Management System OWMS (Septic)

### Payment

#### Septic Application Fees 2025/2026

New Septic Installation: \$821.70	Additional assessment cost exceeding 8.2hrs: \$102.90
Minor Alteration to an existing septic: \$626.20	Amendment to a septic permit: \$174.50
Transfer a septic permit: \$166.90	Renew a permit: \$139.70

### How to pay:

By cash, cheque or credit card – The fee must be paid upon the lodgement of the application

Please use one of the following methods to pay the application fee:

- Phone our Customer Service team on **1800 065 993** or **5795 0000** to pay with credit card.
- Visit our offices at 109A Binney Street, Euroa or 352 High Street, Nagambie to pay over the counter.

### Privacy Statement

Personal information collected by Council is used for municipal purposes as specified in the *Privacy Act 1988* or other relevant legislation. The personal information will be used solely by Council for these purposes and or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The collecting and handling of personal information is conducted in accordance with Council's Privacy Policy. Please refer to the Privacy Policy on Council's website for further information.

### 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 ticking this checkbox I confirm that I have read and understood all the statements above

Name of person completing this application

Signature of person completing this application

Date

### Lodgement

**If you intend to post this form please use the details provided below:**

Strathbogie Shire Council  
Address: PO Box 177, Euroa VIC 3666  
Telephone: 03 5795 0000  
Email: [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)  
Website: <http://www.strathbogie.vic.gov.au>