# 

Application for the Amendment *or* Renewal *or* Transfer of an Onsite Wastewater Management System (OWMS)

*Environment Protection Act 2017 and Environment Protection Regulations 2021*

Please complete this form if you need to apply to amend, renew or transfer a current permit to install OR a permit to alter a septic system.

# **Application Type**

\***Select application type:**

❑ **Amend an OWMS** **Permit** - *Apply to have a permit e.g. a permit to construct, install or alter a system amended.  For example, if there needs to be a change in the location of the absorption field.*

❑ **Renew an OWMS permit** – *A permit to install a septic tank is valid for 2 years from the issue date. Apply to renew a permit if the expiry date has lapsed.*

❑ **Transfer an OWMS permit** - *Apply to transfer a permit issued to them (e.g. a permit to construct, install or alter a system) to another person/entity.  For example, if they have sold the property on which the system was to have been installed.*

**Is the applicant:**

❑ Owner

❑ Agent of the owner

\*IMPORTANT: The property owner must complete the provided authorisation (pg 5) if they are not the applicant

# Applicant Details

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Organization** |  |
| **Telephone** | ***Home / Business:******Mobile:*** |
| **Email address** |  |
| **Postal address** | ***Postcode*** |

# Property Owner(s) Details

|  |  |
| --- | --- |
| **Owner name** |  |
| **Telephone** | ***Home / Business: Mobile:*** |
| **Email address** |  |
| **Postal address** | ***Town Postcode*** |

## Licensed Plumber Details

|  |  |
| --- | --- |
| **Plumber name** |  |
| **Organization** |  |
| **Licence number** |  |
| **Telephone** | ***Home / Business: Mobile:*** |
| **Email address** |  |
| **Postal address** | ***Town Postcode*** |

## Permit and Amendment Details

|  |  |
| --- | --- |
| **Permit Number** |  |
| **Property Address** | ***Town Postcode*** |
| **Details of amendments requested:** |  |

## Septic System Details – to be completed by a Licenced Plumber/Drainer or a Land Capability Assessor

**Septic tank/treament type**

|  |  |
| --- | --- |
| **☐** | Primary septic tank |
| **☐** | Primary worm farm |
| **☐** | Secondary Aerated Wastewater Treatment Plant (AWTS) |
| **☐** | Septic tank + Sand Filter |
| **☐** | Other |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Manufacturer** |  | |
| **Model** |  | |
|  |  | |
| **EPA Certificate of Conformance no.** |  | |
|  | |
| **Capacity (litres) of septic tank or treatment system** |  | |

## Land application/disposal method

|  |
| --- |
| **Primary method for distribution:** |

❑ Gravity

❑ Pump

❑ Computerised

**Method of land application/disposal**

❑ Absorption trenches

❑ Arch/Rein drain absorption trenches

❑ Evapotranspiration/ETA beds

❑ Mound

❑ Subsurface irrigation

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sizes of trenches/beds/mounds

|  |  |
| --- | --- |
| Number. of trenches/beds: |  |
| Length (m) |  |
| Width (m) |  |
| Depth (m) |  |

|  |
| --- |
|  |

## Size of sub-surface irrigation field

|  |  |
| --- | --- |
| Number of fields |  |
| Total area (m2) |  |
| Length (m) |  |
| Width (m) |  |

# Supporting documents to be supplied

It is required that you provide the following:

|  |  |
| --- | --- |
|  | **System plan:**  Illustration must include: location of septic tank/treatment plant/sand filter; layout and dimensions of land application area; building and structures; boundaries; water bodies, and setback distances. |
|  | **Floor plan:** A floor plan off the dwelling showing rooms and wastewater producing fixtures in kitchens, bathrooms, and laundries. |
|  | **Land capability assessment (if applicable):**  Land Capability Assessment are required for most developments in unsewered areas. Please contact Council’s Environmental Health Unit if you are unsure. |

## Authorisation of property owner (if applicant is NOT the owner)

I, (insert owner/s name/s)…………………………………………………………….., hereby authorize (insert applicant

name)………………………………………………………………..., to apply on my behalf to amend the above mentioned septic system permit.

**Owner’s Signature………………………………………………………… Date………………………**

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

**Applicant Name………………………………………………………………………………………………………**

**Applicant Signature………………………………………………………… Date……………………..**

## Fees

The current fee unit (2025/26 financial year) is: **$16.81**

Amend a septic permit: 10.38 fee units - **$174.50**

Renew a septic permit: 8.31 fee units - **$139.70**

Transfer a Septic permit: 9.93 fee units - **$166.90**

**Once your application has been received, we will issue you with an invoice and options for payment of the fee**.

## Privacy Statement

The information gathered in the form is used by Council to process the application.

To view Council's privacy policy, either visit Council's offices or go to Council’s privacy statement located on [www.cardinia.vic.gov.au/privacy](http://www.cardinia.vic.gov.au/privacy)

# Lodgement

This form can be lodged to Council’s Environmental Health Dept. via:

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

**In person:** 20 Siding Avenue, Officer

**Post:** PO Box 7, Pakenham 3810