

Environmental Health Services

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – <u>mrsc@mrsc.vic.gov.au</u> – www.mrsc.vic.gov.au

Application to amend a septic system permit Fee: \$161			
Existing permit no:			'
Site Address Lot no: Town and postcode:	Street no and name:		
Applicant (if not the own First name: Address:	/ner) Surname:		
Company Name: Telephone: Email:	Mobile:	Fax:	
Owner First name: Address: Telephone: Email:	Surname: Mobile:	Fax:	
Plumber / drainer First name: Company name: Address: Telephone: Fax:	Surname: Licence num Town: Mobile: Email:		Postcode:
	ntionally left blank. Please make	e sure you con	nplete the form fields over

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

Building				
Select the type of building:				
☐ New Dwelling ☐	Factory			
Addition to Existing Dwelling	Office			
☐ Alteration to Existing Dwelling ☐	Shop			
House	DPU			
Other (specify below)				
No. of bedrooms:				
Average number of people who will use the system:				
Maximum number people to use the system:				
Source of water supply				
☐ Tank water ☐ Town water ☐ Bore water				
Type of fixtures:				
☐ Standard	☐ Water reduction			
System details (select ans)				
System details (select one) Standard septic tank (conventional)	Treatment plant / 20/30 standard systems			
· · · · · · · · · · · · · · · · · · ·	Plant name:			
Tank capacity (litres):	Model no:			
Pump capacity (if applicable):	Other system:			
Proposed effluent	Effluent sub-surface irrigation			
Total length (metres):	disposal: surface irrigation			
Width (metres):	Proposed effluent			
	Total length (metres):			
	Area (m²):			
Other system (specify details below):	740d (III).			
Finalising your application	Constant of the section of the section of			
☐ I have attached an updated site plan detailing tank location and effluent field layout.				
Note: the fee for this application is exempt from GST under Division 81 of the GST Act.				
Signature:	Date:			
Payment options				
In person: present this form and payment (cash, cheque/	money order, EFTPOS or credit card) at one of			
our Service Centres. By Mail : cheque or money order – payable to Macedon R	anges Shire Council, or complete Credit Card			
payment authorisation below. Mail this form and payment				
Credit card payment authorisation				
Mastercard Vi	sa 🗀			
I authorise you to charge the following amount to my credit card: \$				
Name on card:				
Credit card number:				
Expiry date (xx/xx): Signature:				