|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**  Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au | |

Application to amend a septic system permit Fee: $161

|  |  |
| --- | --- |
| Existing permit no: |  |

Site Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lot no: |  | | Street no and name: |  |
| Town and postcode: | |  | | |

Applicant (if not the owner)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | |  | | Surname: | |  | | |
| Address: | |  | | | | | | |
| Company Name: | |  | | | | | | |
| Telephone: |  | | Mobile: | |  | | Fax: |  |
| Email: |  | | | | | | | |

Owner

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name: |  | | Surname: | |  | | |
| Address: |  | | | | | | |
| Telephone: |  | Mobile: | |  | | Fax: |  |
| Email: |  | | | | | | |

Plumber / drainer

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: |  | Surname: | |  | | | | |
| Company name: |  | Licence number: | | | |  | | |
| Address: |  | | Town: | |  | | Postcode: |  |
| Telephone: |  | Mobile: | |  | | | | |
| Fax: |  | Email: | |  | | | | |

|  |
| --- |
| This space has been intentionally left blank. Please make sure you complete the form fields over page. |

**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](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Building

New dwelling

Addition to existing dwelling

Alteration to existing dwelling

House

Factory

Office

Shop

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 one)

Standard septic tank (conventional)

|  |  |
| --- | --- |
| Tank capacity (litres): |  |
| Pump capacity (if applicable): |  |
| **Proposed effluent** | |
| Total length (metres): |  |
| Width (metres): |  |

Treatment plant / 20/30 standard systems

|  |  |  |  |
| --- | --- | --- | --- |
| Plant name: | |  | |
| Model no: | |  | |
| Other system: | |  | |
| Effluent disposal: | sub-surface irrigation  surface irrigation | | |
| **Proposed effluent** | | | |
| Total length (metres): | | |  |
| Area (m2): | | |  |

Other system (specify details below):

|  |
| --- |
|  |

Finalising your application

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 Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| Mastercard |  | Visa |  |

|  |  |
| --- | --- |
| I authorise you to charge the following amount to my credit card: $ |  |

|  |  |
| --- | --- |
| Name on card: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Credit card number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expiry date (xx/xx): |  | Signature: |  |