

# Application to Transfer, Renew or Amend an Existing Wastewater Permit

Corangamite Shire Council (03) 5593 7100 www.corangamite.vic.gov.au

### **Council Specific Information**

Please use this form to transfer, amend or renew an existing wastewater permit.

Council is collecting the information on this form so that it may consider your application in accordance with the requirements of the Environmental Protection Act 2017 and Environment Protection Regulations 2021.

The information is only used by Council for this purpose and will not be disclosed unless required under law.

		Application	Type	
Please select wha	t you wish to do:			
Transfer Pern	nit – transfer existing	permit to install/alter to r	new owners or applica	nts
Renew Permi	t - renew expired or	extend current permit to i	nstall or alter	
Amend Permi	it – amend details of	existing permit to install/a	ılter (plumber, system	type or design)
Existing Permit Ref	f No.			
		Applicant D	etails	
Title: S	Surname:		Given Names:	
Street Address / Po	oatal Addraga:			
Sileet Address / Pt	ostal Address.			
Suburb	Sta	ate		Post Code
Dloggo provide et	loost one phone nu	mber and include the a	roa ooday	
riease provide at	least one phone nu	iliber allu iliciuue tile a	ea coue.	
Business:		Home:	Mot	oile:
Email address:				
	omail much be velle		Poundil adverse and all a	nce is issued electronically)

Property C	Owner Details (if differe	nt to Applicant Details)
Title: Surname:		Given Names:
Street Address / Postal Address:		
Suburb	State	Post Code
Please provide at least one phone nu	ımber and include the area o	
Business:	Home:	Mobile:
Email address:		
	Site Address for	OWMS
This information can be found on your (	Certificate of Title or Rates No	tice
Road / Street Address:		
Suburb:	State:	Postcode:
If your allotment does not have a number	er prominently displayed, plea	se provide distinguishing site details so that it may be
identified for inspection:		

### **Transfer Permit**

Please only complete if applying to transfer a permit to a new property owner or applicant

New permit holder:		
Title:	Surname:	Given Names:
Street Address / Postal Address:		
Suburb:	State:	Post Code:
Please provide at least one phone number	per and include the area code:	
Business:	Home:	Mobile:
Email address:		
Existing Permit Holder Signature		
Print Name		
Authority (if on behalf of a company)		
Date		
Nous Downit Holdon Signature		
New Permit Holder Signature		
Print Name		
Authority (if on behalf of a company)		
Date		
Are there any amendments to the permi	it details (system types, design or p	lumber details)?
□ NO		
YES – please provide details in the	ne 'Amend Permit' section	

## **Renew Permit** Please only complete if applying to renew an expired permit or extend a current permit Requested renewal period\* \*Should not be more than 12 months after the expiry of the existing permit. Please note that it may also be necessary to check that relevant planning permits for the lot have not expired. Renewals cannot be granted where planning permits (if required) have expired. Are there any amendments to the permit details (system types, design or plumbers details)?

□ NO

YES – please provide details in the 'Amend Permit' section

Amend Permit  Please only complete if applying to amend the existing permit (i.e. change plumber details, system type or design etc)					
Title:	Surname:		Given Names:		
Street Address / Posta	Address:				
Suburb  Please provide at lease	st one phone num	ber and incl	State	de:	Post Code
Business:		Home:		Mobile	e:
Email address:					
Victorian Registration I	icense Number:			Expiry D	Pate:

Note: All plumbing and drainage works must be carried out by a Victorian registered plumber. A Certificate of Compliance

must be completed by the plumber and submitted to Council within seven days of the completion of all works.

Change to hydraulic loading rate of dwelling/premises						
Outline changes (new floor plans of dwellings	Outline changes (new floor plans of dwellings or premises to be provided if required)					
☐ Change to location of OWMS (new	v site plans must be provided)					
Please select the most appropriate soil type:						
Sand & Gravel	Sandy Loams	☐ Loam	s			
☐ Clay Loams	☐ Light Clay	☐ Mediu	ım / Heavy Clays			
Please refer to Corangamite Shire Councils S	Soil Guide to best determine your so	oil type				
Installation of a Primary Treatment System	n only:					
Is the Wastewater Envelope (effluent trench or watercourse?	es) within 60m from a dam and /	☐ YES	□ NO			
Is the Wastewater Envelope (effluent trench waterway?	es) within 100m from a potable	☐ YES	□ NO			
Is the Wastewater Envelope (effluent trench potable bore?	es) within 20m from a non-	☐ YES	□ NO			
Installation of a Secondary Treatment Sys	tem only:					
Is the Wastewater Envelope (sub-surface in and / or watercourse?	igation) within 30m from a dam	☐ YES	□ NO			
Is the Wastewater Envelope (sub-surface in potable waterway?	igation) within 50m from a	☐ YES	□ NO			
Is the Wastewater Envelope (sub-surface importable bore?	igation) within 20m from a non-	☐ YES	□ NO			
If the site is less than 1,000 m <sup>2</sup>						
Is the slope of the effluent field greater than	5%?	☐ YES	□ NO			
Has a Land Capability Assessment been und	ertaken for this site?	☐ YES	□ NO			
Has a site specific wastewater management (design & construction) plan been						
☐ Changes to OWMS design or type	(specify below)					

Primary Treatment System (If applicable):				
Size of Tank (Litres):	Trench Length (lineal m, max 30m):	Trench Width:		
Trench Depth:				
	(Note: please refer to Councils Dome Management Plan sizing chart for red			
Method of Disposal: Standard Absor	ption Trench ETA Trench	☐ LPED		
Secondary Treatment System (if Applicate	ole):			
Make / Model Name:	Certificate of Conformity Number <sup>1</sup> :	Size of Effluent Field (m²):		
s459 EPA Exemption Applies <sup>2</sup>				
Method of Disposal: Pressure compessible subsurface irrigation		☐ MOUND		
Note: a secondary treatment system may be the only option for some allotments depending on a number of factors including; where they are located, block size, soil type, setback from surface / ground water / bores etc. If constraints are identified on your block you will be notified in writing to either provide an alternative option or to undertake an LCA assessment.				
<sup>1</sup> Please supply with your application a Certificate of Conformity issued by a body accredited under the Joint System of Australia and New Zealand (or any other accreditation body approved by the EPA) confirming that the proposed on-site wastewater treatment plan meets the appropriate standard.				
<sup>2</sup> Please supply a copy of an exemption granted by the EPA under section 459 of the Environment Protection Act 2017 stating that you are exempted from the requirement to provide a certificate of conformity.				
	Supporting Documents			
The following documents must be submit	tted for us to process your applicatio	n:		
Copy of Title and Title Plan for new owners (transfer only)				
☐ Plans which show proposed changes to OWMS (if applicable)				
Copy of Certificate of Conformity for the new proposed treatment plan (secondary treatment only)				
Updated floor plans of dwelling premises if there has been a change to hydraulic loading rate				
☐ Land Capability Assessment (if requested by council)				
Current Planning Permit Reference Number (if required)				
Applications which are incomplete or do not provide an acceptable level of detail cannot be assessed and Council will require the applicant to provide further information under section 50(3) of the Environment Protection Act 2017.				

I understand and acknowledge that:              The information provided in this application is true and             This application forms a legal document and penalties             I am over 18 years at the time of completing this appli	exist for providing false or misleading information
Print Name:	Print Name:
Signature	Signature
Date	Date
Owner Authorisation (if different to the applicant)	
I hearby authorize the applicant to apply to transfer/renew/ame	nd an OWMS
Signature of Owner(s)	

#### **Payment Details**

Please contact Council or visit Council's website to confirm the Amendment/Renewal/Transfer fee

### Lodgment

Return completed and signed documents to:

Environmental Health Corangamite Shire Council PO Box 84

Camperdown VIC 3260

**Telephone**: (03) 5593 7100

**Fax:** (03) 5593 7117

email: shire@corangamite.vic.gov.au
Website: http://www.corangamite.vic.gov.au/

**PAYMENT OF APPLICATION FEES**: Upon receiving an application, Council will issue an invoice to the applicant for the relevant application fee. Payment details and options will be included on the issued invoice. Permits cannot be issued until application fees have been paid in full.