

## APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS FOR THE TREATMENT OF SEWAGE

### 1. APPLICATION DETAILS

THE APPLICANT MUST COMPLETE IN FULL SECTIONS 1-6.

SEE INFORMATION FOR APPLICANTS PAGE 3 (please tick as appropriate)

- APPLICATION TO LOCAL GOVERNMENT (INCLUDING 2 COPIES OF PLANS)  
 APPLICATION TO EXECUTIVE DIRECTOR PUBLIC HEALTH  
(INCLUDING 3 COPIES OF PLANS AND ACCOMPANIED BY A REPORT FROM LOCAL GOVERNMENT)

### 2. LOCATION OF INSTALLATION

STREET \_\_\_\_\_ TOWN OR SUBURB \_\_\_\_\_

LOT OR PT. LOT No. \_\_\_\_\_ HOUSE No. \_\_\_\_\_

NEAREST CROSS ROAD OR PERMANENT LAND MARK: \_\_\_\_\_

LOCAL GOVERNMENT (City/Town/Shire Council): \_\_\_\_\_

### 3. OWNER/APPLICANT DETAILS

OWNER'S NAME \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_ PHONE No \_\_\_\_\_

### 4. PREMISES DETAILS (please tick as appropriate)

#### PREMISES DESCRIPTION:

NEW  EXISTING  SINGLE DWELLING  MULTIPLE DWELLING  COMMERCIAL  INDUSTRIAL

OTHER  PLEASE SPECIFY \_\_\_\_\_

NUMBER OF PERSONS ON PREMISES: \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_ SPA  YES  NO VOLUME \_\_\_\_\_ LITRES

NON-RESIDENTIAL PREMISES (expected daily wastewater volume): \_\_\_\_\_ Litres/day

WATER SUPPLY TO PREMISES: RETICULATED MAINS WATER  BORE

OTHER  PLEASE SPECIFY \_\_\_\_\_

### 5. SYSTEM DETAILS (please tick as appropriate)

TYPE OF APPARATUS: SEPTIC TANK  AEROBIC TREATMENT UNIT

OTHER  PLEASE SPECIFY \_\_\_\_\_

DISPOSAL SYSTEM: LEACH DRAIN  SOAK WELL  SURFACE IRRIGATION  SUB-SOIL IRRIGATION

OTHER  PLEASE SPECIFY \_\_\_\_\_

ALTERNATING SYSTEM  NON-ALTERNATING SYSTEM

**6. DECLARATION AND SIGNATURE OF APPLICANT**

I hereby apply as the owner, or the person authorised to act on behalf of the owner, for approval to construct or install the apparatus as referred to above. I have attached \_\_\_\_\_ copies of a site plan, (see attached information sheet for requirements for plans) showing the location of the apparatus and all relevant dimensions and site detail, including distances from boundaries and water supplies/source.

Also attached (if required) is a local government report for an application to the Executive Director Public Health.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**LOCAL GOVERNMENT OFFICE USE**

**7. SITE CONDITIONS**

NATURE OF SOIL: SAND  GRAVEL  LOAM  CLAY

OTHER  SPECIFY \_\_\_\_\_

DEPTH FROM NATURAL GROUND LEVEL TO HIGHEST KNOWN PERMANENT/SEASONAL OR TIDAL WATER TABLE (mm) \_\_\_\_\_

DISTANCE FROM NATURAL WATER BODIES \_\_\_\_\_ METRES

**WILL THE APPARATUS BE INSTALLED IN ANY OF THE FOLLOWING LOCATIONS:**

WITHIN 30 M OF A WELL, BORE, WATERCOURSE, DAM INTENDED TO BE USED FOR HUMAN CONSUMPTION  YES  NO

IN AN AREA LIKELY TO BE SUBJECT TO FLOODING OR INUNDATION IN A 1:10 YEAR RETURN EVENT.  YES  NO

IF YES TO ANY OF THE ABOVE, COURSE OF ACTION TAKEN \_\_\_\_\_

**8. CONDITIONS OF APPROVAL**

TYPE OF DISPOSAL SYSTEM AND DIMENSIONS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OTHER CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. APPROVAL**

- APPROVED (subject to above conditions)
- REFUSED (reasons for refusal attached)

DELEGATE OF LOCAL GOVERNMENT: \_\_\_\_\_

LOCAL GOVERNMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_ APPROVAL No. \_\_\_\_\_ FEE: \_\_\_\_\_

## **INFORMATION FOR APPLICANTS**

APPLICANTS SHOULD COMPLETE SECTIONS **1-6** OF THE APPLICATION AND SIGN THE DECLARATION.

## **DRAWINGS**

**EACH APPLICATION MUST BE ACCOMPANIED BY:**

- **2 COPIES OF A SITE PLAN (FOR APPLICATIONS TO LOCAL GOVERNMENT)**
- **3 COPIES OF A SITE PLAN (FOR APPLICATIONS TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH)**

SITE PLANS SHOULD BE DRAWN TO A SCALE OF 1:100, AND LABELLED WITH ALL DIMENSIONS AND INCLUDE THE FOLLOWING DETAIL:

- LOCATION OF THE APPARATUS AND ALL DRAINS AND PIPEWORK
- DISTANCE OF THE APPARATUS FROM ALL BUILDINGS, BOUNDARIES, BORES, WATERWAYS AND WATER BODIES
- DISTANCE OF ALL RECEPTACLES FOR DRAINAGE FROM TRAFFICABLE AREAS.

## **SUBMISSION OF APPLICATION**

**APPLICATIONS FOR APPROVAL BY LOCAL GOVERNMENT, APPLY ONLY TO THE FOLLOWING:**

- **A SINGLE DWELLING ON A SINGLE LOT**
- **ANY OTHER BUILDING THAT PRODUCES NOT MORE THAN 540 LITRES OF SEWAGE PER DAY.**

**APPLICATIONS FOR APPROVAL BY THE EXECUTIVE DIRECTOR PUBLIC HEALTH APPLY TO:**

- **ALL OTHER SITUATIONS EXCEPT AS REFERRED TO ABOVE.**

ONCE THE APPLICATION FORM HAS BEEN COMPLETED IT SHOULD BE SUBMITTED TOGETHER WITH THE PLANS TO THE LOCAL GOVERNMENT. WHERE AN APPLICATION REQUIRES THE APPROVAL OF THE EXECUTIVE DIRECTOR PUBLIC HEALTH, A LOCAL GOVERNMENT REPORT MUST ALSO BE PROVIDED. (SEE APPROVALS BY EXECUTIVE DIRECTOR PUBLIC HEALTH BELOW)

THE LOCAL GOVERNMENT WILL HELP YOU DETERMINE TO WHOM THE APPLICATION SHOULD BE MADE, WHETHER A LOCAL GOVERNMENT REPORT IS REQUIRED, AND THE FEES PAYABLE.

## **APPROVALS BY EXECUTIVE DIRECTOR PUBLIC HEALTH**

WHERE AN APPLICATION REQUIRES THE APPROVAL OF THE EXECUTIVE DIRECTOR PUBLIC HEALTH, THE APPLICANT SHOULD COMPLETE THE APPLICATION FORM AND ATTACH THE FOLLOWING:

- 3 COPIES OF THE SITE PLAN
- A LOCAL GOVERNMENT REPORT
- PAYMENT OF \$35 TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH.

TO ASSIST IN THE APPROVAL PROCESS, IT IS SUGGESTED THAT THE APPLICATION IN THE FIRST INSTANCE BE LODGED WITH THE LOCAL GOVERNMENT (SO THAT A LOCAL GOVERNMENT REPORT CAN BE ISSUED) AND THEN FORWARDED TO:

**Accounts Receivable Sundry Debtors  
Health Corporate Network  
Level 9  
81 St Georges Terrace  
Perth WA 6000**

**PAYMENT OPTIONS****OPTION 1**

PAYMENT MAY BE MADE BY EITHER CHEQUE OR MONEY ORDER MADE PAYABLE TO  
DEPARTMENT OF HEALTH (WATER UNIT).

**OPTION 2**

TO PAY BY CREDIT CARD, TELEPHONE **1300 367 291** WITH YOUR CREDIT CARD DETAILS AND RECORD YOUR RECEIPT NUMBER  
BELOW

TELEPHONE RECEIPT NUMBER: \_\_\_\_\_

OR

COMPLETE THE DETAILS BELOW AND SEND IN WITH APPLICATION

TYPE OF CARD:  MASTERCARD  VISA CARD

AMOUNT: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**WORK NOT TO COMMENCE**

IF THE PLANS ARE APPROVED OR REFUSED, THE APPLICANT WILL BE NOTIFIED.

**PLEASE NOTE THAT TO START WORK ON THE CONSTRUCTION OR INSTALLATION OF AN APPARATUS WITHOUT APPROVAL IS AN  
OFFENCE UNDER SECTION 107(2) OF THE HEALTH ACT 1911.**

**PERMIT TO USE APPARATUS**

WHEN YOU HAVE OBTAINED APPROVAL, YOU MAY PROCEED WITH THE CONSTRUCTION OR INSTALLATION OF THE APPARATUS.  
BEFORE SEALING THE SEPTIC TANK OR COVERING THE DRAINS, NOTIFY AN ENVIRONMENTAL HEALTH OFFICER FROM THE LOCAL  
GOVERNMENT, SO THAT THEY MAY INSPECT THE APPARATUS AND ISSUE A PERMIT TO USE THE APPARATUS.

**PLEASE NOTE THAT IT AN OFFENCE UNDER SECTION 107(4) OF THE HEALTH ACT 1911 TO USE AN APPARATUS BEFORE IT HAS  
BEEN INSPECTED AND A PERMIT TO USE THE APPARATUS ISSUED.**

**COMPLIANCE WITH REGULATIONS**

- CONSTRUCTION OF THE APPARATUS SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE **HEALTH (TREATMENT OF SEWAGE AND DISPOSAL OF EFFLUENT AND LIQUID WASTE) REGULATIONS 1974.**
- ALL MATERIALS, PIPES, BENDS, JUNCTIONS, FITTINGS AND FIXTURES SHALL BE SOUND AND FREE FROM DEFECTS AND SHALL BE AUTHORISED AND INSTALLED IN ACCORDANCE WITH THE BY-LAWS OF THE WATER CORPORATION.
- APPROVAL WILL NOT BE GIVEN FOR THE INSTALLATION OF AN APPARATUS WHERE SEWER CONNECTION IS AVAILABLE AS PROVIDED FOR BY EITHER SECTION 72 OR SECTION 81 OF THE HEALTH ACT 1911.

**FEES**

**ALL FEES (WITH THE EXCEPTION OF THE HEALTH DEPARTMENT OF WA APPLICATION FEE) SHOULD BE MADE PAYABLE TO THE LOCAL GOVERNMENT FOR THE DISTRICT IN WHICH THE APPARATUS WILL BE INSTALLED.**

THE FOLLOWING FEES WILL APPLY:

<b>LOCAL GOVERNMENT APPLICATION FEE</b>		<b>\$ 108.00</b>
<b>HEALTH DEPARTMENT OF WA APPLICATION FEE</b>		
<b>(a) WITH A LOCAL GOVERNMENT REPORT</b>		<b>\$ 35.00</b>
<b>(b) WITHOUT A LOCAL GOVERNMENT REPORT</b>		<b>\$110.00</b>
<b>LOCAL GOVERNMENT REPORT FEE</b>		
<b>(THIS FEE IS SET BY THE LOCAL GOVERNMENT)</b>	<b>RECOMMENDED FEE</b>	<b>\$ 90.00</b>
<b>FEE FOR THE GRANT OF A PERMIT TO USE AN APPARATUS</b>		
<b>(INCLUDING ALL INSPECTIONS)</b>		<b>\$ 108.00</b>

S:\EHB\WASTE\TYPING\FORMS\SEPTIC APPLICATION JUNE08.DOC

### LOCAL GOVERNMENT REPORT

(TO BE PROVIDED WHERE AN APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS IS MADE TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH)

THIS FORM SHOULD BE COMPLETED BY THE LOCAL GOVERNMENT AND THEN ATTACHED TO THE ORIGINAL OF THE APPLICATION TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH, AND FORWARDED WITH THE APPLICATION FEE OF \$35 TO: DEPARTMENT OF HEALTH, ACCOUNTS RECEIVABLE SUNDRY DEBTORS, HEALTH CORPORATE NETWORK, LEVEL 9, 81 ST GEORGES TERRACE, PERTH WA 6000.

#### 1. APPLICANT/LOCATION DETAILS

OWNER'S NAME \_\_\_\_\_ APPLICANT'S NAME \_\_\_\_\_

STREET \_\_\_\_\_ TOWN OR SUBURB \_\_\_\_\_

LOT OR PT. LOT No. \_\_\_\_\_ HOUSE No. \_\_\_\_\_ LOCAL GOVERNMENT. \_\_\_\_\_

#### 2. SITE CONDITIONS

NATURE OF SOIL: SAND  GRAVEL  LOAM  CLAY

OTHER  SPECIFY \_\_\_\_\_

DEPTH FROM NATURAL GROUND LEVEL TO HIGHEST KNOWN PERMANENT/SEASONAL OR TIDAL WATER TABLE (mm) \_\_\_\_\_

DISTANCE FROM NATURAL WATER BODIES \_\_\_\_\_ METRES

#### WILL THE APPARATUS BE INSTALLED IN ANY OF THE FOLLOWING LOCATIONS:

WITHIN 30 M OF A WELL, BORE, WATERCOURSE, DAM INTENDED TO BE USED FOR HUMAN CONSUMPTION  Yes  No

IN AN AREA LIKELY TO BE SUBJECT TO FLOODING OR INUNDATION IN A 1:10 YEAR RETURN EVENT.  Yes  No

IF YES TO ANY OF THE ABOVE, COURSE OF ACTION TAKEN \_\_\_\_\_

#### 3. RECOMMENDATIONS OF LOCAL GOVERNMENT

APPROVAL RECOMMENDED (subject to the conditions listed below)

APPROVAL NOT RECOMMENDED (reasons for refusal attached)

#### 4. CONDITIONS OF APPROVAL

TYPE OF DISPOSAL SYSTEM AND DIMENSIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Any further conditions should be attached)

DELEGATE OF LOCAL GOVERNMENT: \_\_\_\_\_

LOCAL GOVERNMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCAL GOVERNMENT APPROVAL No. \_\_\_\_\_