

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

THE APPLICANT MUST COMPLETE IN FULL SECTIONS 1-6

1. APPLICATION DETAILS

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

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

PLANS ARE TO BE TO SCALE OF 1:100, 1:200 OR 1:500

2. LOCATION OF SYSTEM

STREET _____ TOWN/SUBURB _____

LOT NO. _____ HOUSE NO. _____

LOCAL GOVERNMENT (CITY/TOWN/SHIRE COUNCIL) _____

3. OWNER / APPLICANT DETAILS

OWNERS NAME _____

APPLICANTS NAME _____

APPLICANTS ADDRESS _____

_____ POST CODE _____ PHONE NO _____

4. PREMISES DETAILS

PREMISES DESCRIPTION:

NEW EXISTING SINGLE DWELLING MULTIPLE DWELLING COMMERCIAL INDUSTRIAL

OTHER PLEASE SPECIFY _____

NO. OF PERSONS ON PREMISES _____ NO. 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. TREATMENT SYSTEM DETAILS

TYPE OF APPARATUS: SEPTIC TANK AEROBIX TREATMENT UNIT

OTHER PLEASE SPECIFY _____

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

OTHER PLEASE SPECIFY _____

ALTERNATING SYSTEM NON-ALTERING 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 COMPLETED SECTION 1-6 OF THIS APPLICATION FORM AND PROVIDED PLANS THAT MEET THE REQUIREMENTS DETAILED IN SECTION 7.

ALSO ATTACHED (IF REQUIRED) IS A LOCAL GOVERNMENT REPORT FOR AN APPLICATION TO THE EXECUTIVE DIRECTOR OF PUBLIC HEALTH.

APPLICANTS SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____

LOVAL GOVERNMENT OFFICE USE

7. SITE CONDITIONS

NATURE OF SOIL: SAND GRAVEL LOAM CLAY

OTHER PLEASE 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 30M 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. DECLARATION AND SIGNATURE OF APPLICANT

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 APPLICANT 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 FROM THE TRAFFICABLE

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**

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 (WASTEWATER MANAGEMENT)**.

OPTION 2

TO PAY BY CREDIT CARD, TELEPHONE **1300 367 291** WITH YOUR CREDIT CARD DETAILS

OR

COMPLETE THE DETAILS BELOW AND SEND IN WITH APPLICATION

TYPE OF CARD: **BANKCARD** **MASTERCARD** **VISA CARD**
 AMEX **DINERS**

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 SEPTICE 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 IS 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 WIL NOT BE GIVEN FOR THE INSTALLATION OF AN APPARATUS WHERE SEWER CONNECTION IS AVAILABLE AS PROVIDED 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:

LOCAL GOVERNMENT APPLICATION FEE		\$118.00
HEALTH DEPARTMENT OF WA APPLICATION FEE		
(a) WITH A LOCAL GOVERNMENT REPORT		\$35.00
(b) WITHOUT A LOCAL GOVERNMENT REPORT		\$118.00
LOCAL GOVERNMENT REPORT FEE		
(THIS FEE IS SET BY THE LOCAL GOVERNMENT)	RECOMMENDED FEE	\$118.00
FEE FOR THE GRANT OF A PERMIT TO USE AN APPARATUS (INCLUDING ALL INSPECTIONS)		\$118.00

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 OF PUBLIC HEALTH, AND FOWARDED WITH THE APPLICATION FEE OF \$35 TO:

DEPARTMENT OF HEALTH, REVENUE SECTION
PO BOX 8163, STIRLING STREET
PERTH WA 6849

1. APPLICANT/LOCATION DETAILS

OWNERS NAME _____ APPLICANTS NAME _____

STREET _____ TOWN/SUBURB _____

LOT OR PT LOT NO. _____ HOUSE NO. _____ LOCAL GOVERNMENT _____

2. SITE CONDITIONS

NATURE OF SOIL: SAND GRAVEL LOAM CLAY

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

IN AN AREA LIKELY TO BE SUBJECY 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 RECCOMMENDED (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. _____