

APPLICATION - ONSITE WASTEWATER WORKS APPROVAL



Pursuant to the SA Public Health (Wastewater) Regulations 2013, all on-site wastewater systems and alterations to on-site wastewater systems are subject to a wastewater works approval. Refer to the South Australian Department for Health and Wellbeing ON-SITE WASTEWATER SYSTEMS CODE (the Code) for further information and to access the Code can be accessed online at;

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/wastewater/disposing+of+wastewater+onsite/wastewater+onsite+disposal>

Each application must include a detailed sanitary plumbing and drainage layout (refer to Section 8 of the Code), a site and soil report (refer to Section 3.6 of the Code) and the appropriate fee as determined by the relevant authority. Applications where necessary, must include a detailed assessment of the land capability of the site via soil report (i.e., the suitability of the site for treatment and disposal/reuse of domestic wastewater).

Please contact the relevant authority for details regarding the fee and method of payment. The relevant authority is:

- The local council for the installation of on-site wastewater systems with a capacity up to 40EP or connection to a Community Wastewater Management System (CWMS)
- The South Australian Department for Health and Wellbeing for systems to be installed with a capacity greater than 40EP, Community Wastewater Management Systems (CWMS) and for wastewater systems in areas of the state not under local control.

OFFICE USE ONLY

Record No:

.....

Date received:

...../...../.....

Assessment No:

.....

Receipt No:

.....

FAILURE TO PROVIDE THE CORRECT INFORMATION OR FEE WILL RESULT IN APPROVAL DELAYS

1. APPLICANT/OWNER DETAILS

Enquiries regarding this application will be directed to the applicant:

Applicant's name _____

Applicant's address _____

Township or Suburb _____ Postcode _____

Phone _____ Mobile _____

Email _____

If the applicant is not the owner, please also fill in the details below:

Owner's name _____

Owner's address _____

Township or Suburb _____ Postcode _____

Phone _____ Mobile _____

Email _____

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2. LOCATION OF INSTALLATION

Property No. _____ Street _____

Township or Suburb _____

Lot _____ Section _____ CT No _____

3. PREMISES DETAILS

PREMISES DESCRIPTION: Dwelling Units Commercial Other

OCCUPANCY (RESIDENTIAL PREMISES): _____ (number of persons)

OCCUPANCY (NON-RESIDENTIAL PREMISES): Refer to APPENDIX E of The Code to decide on a suitable premises category to calculate the capacity of the septic tank and the effluent disposal requirements.

Premises Category: _____ P1: _____ P2: _____

WATER SUPPLY TO PREMISES:

Reticulated mains water supplied to premises

If not, what water supply is used:

Roof catchment / storage or carted supply Other (please specify)

NON-STANDARD FIXTURES:

Food waste disposal unit Spa bath capacity (litres) _____

4. PROPOSED TYPE OF WASTEWATER WORKS

New system Alteration/addition to an existing system

For an alteration/addition to the system or a design utilising more than one of the options below, please provide a brief description of works here or attach a covering letter to the application:

Please ensure that the submitted plans show the existing pipework and fittings (as known) and the intended additions, making a clear visual distinction between the two

TYPE OF SYSTEM:

Onsite Disposal Off-Site Disposal (Connection to CWMS or Sewer)

Septic tank

Tank capacity _____ Make _____

Aerobic Sand Filter Reed Bed Composting Toilet

Grey Water Treatment Grey Water Diversion

Make _____ Model _____

Other (please specify):

Pump

Make _____ Model _____

Sump Capacity _____ Type and location of Alarm _____

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Trade waste – Please refer to Section 7

Please ensure that all nominated systems and components are on the SA Department for Health and Wellbeing Approved Products List:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/water+quality/wastewater/wastewater+products>

5. EFFLUENT DISPOSAL METHOD

LAND APPLICATION OF EFFLUENT:

Please ensure that Section 6 is also completed

SUBSURFACE DISPOSAL

Required contact area for subsurface disposal (in square metres) _____

Plastic tunnel Perforated pipe

Length (m) Width (m) Depth (mm) _____

Depth below natural ground surface to base of trench _____

SUBSURFACE IRRIGATION DISPOSAL

Irrigation area required (in square metres) _____

SURFACE IRRIGATION DISPOSAL

Irrigation area required (in square metres) _____

AS/NZS 1547 LAND APPLICATION DESIGN

Type _____ Basal area _____

Length (m) Width (m) Depth (mm) _____

OTHER:

OFF-SITE DISPOSAL – Connection to CWMS or sewer

TEMPORARY ON-SITE CONTAINMENT FOR TANKER REMOVAL

Holding tank capacity (litres) _____

OTHER METHOD - Please provide full details with attachments as appropriate

6. LAND CAPABILITY ASSESMENT

This section is relevant for applications intending land application for effluent:

| | | |
|---|-----|----|
| Within 50m of a well, bore, or dam used or likely to be used for human or domestic purposes | Yes | No |
| Within 50m of a watercourse as identified on a 1:50000 SA Government topographic map and used or likely to be used for human or domestic purposes | Yes | No |
| Above shallow underground water supplies used for human or domestic purposes | Yes | No |
| Within 100m of the mean high water mark along coastal foreshore areas | Yes | No |
| Within 50m of a water source used for agriculture, aquaculture or stock purposes | Yes | No |
| In an area likely to be subject to flooding or inundation in a 1:10 year recurrent event | Yes | No |

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SOIL REPORT: For applications involving the land application of effluent, please provide a site and soil suitability report from a Wastewater Engineer if applicable

DLR/DIR or EPR nominated by the wastewater engineer _____

7. TRADE WASTE DISCHARGES

- New connection Alteration to a system with an existing trade waste connection

Provide details of the proposed activity and processes which produce wastewater for discharge to CWMS.

Provide details of pre-treatment system (e.g. grease arrester, pH correction, solid settling) including its size and capability.

Provide details of proposed cross connection and backflow prevention devices, where required:

Details of the wastewater discharge

- Gravity Pumped Peak flow rate (L/second): _____

(Please attach additional information where required)

8. DECLARATION AND SIGNATURE OF OWNER AND APPLICANT

The application must be signed by both the owner and applicant.

I / We hereby declare that the information provided in this application, attachments and accompanying plans are true and correct.

It is acknowledged that:

Pursuant to Regulation 11 of the SA Public Health (Wastewater) Regulations 2013, the plumbing contractor(s) must provide a Certificate of Compliance to the relevant authorities following installation of an on-site wastewater system or components.

All work on the wastewater system must be carried out by persons licensed pursuant to the Plumbers, Gas Fitters and Electricians Act 1995.

Penalties apply for the provision of false or misleading information or failure to install and maintain the system in accordance with approval conditions.

It is the responsibility of the applicant to ensure that the wastewater works are installed in accordance with the approved plan and relevant conditions.

Owner's signature _____ Date _____

Applicant's signature _____ Date _____