

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 Ageing **ON-SITE WASTEWATER SYSTEMS CODE (the Code)** for further information to assist in the completion of this application form. The Code can be accessed online at [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Each application must include a detailed sanitary plumbing and drainage lay-out (refer to Section 8 of the Code), a site and soil report (refer to Section 3.6.1 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 a 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 Ageing 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 government control

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

### 1. DETAILS OF APPLICANT/OWNER

Applicant Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Plumbers Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Plumbers Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. LOCATION OF INSTALLATION

House No: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

### 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    CWMS Connection

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 \_\_\_\_\_

Trade waste – Please refer to Section 7

**Please ensure that all nominated systems and components are on the Department for Health and Ageing Approved Products List: <http://www.health.sa.gov.au/pehs/branches/wastewater/wastewater-products.htm>**

#### 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 \_\_\_\_\_                      Base Area \_\_\_\_\_

Length (m) \_\_\_\_\_                      Width (m) \_\_\_\_\_                      Depth (mm) \_\_\_\_\_

Other:

OFF SITE DISPOSAL – Connection to CWMS or sewer

TEMPORARY ONSITE CONTAINMENT FOR TANKER REMOVAL

Holding tank capacity (litres) \_\_\_\_\_

OTHER METHOD – Please provide full details with attachments as appropriate

\_\_\_\_\_

\_\_\_\_\_

## 6. LAND CAPACITY ASSESSMENT

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 50m of a watercourse as identified on a 1:50 000 SA Government topographic map and used or likely to be used for human or domestic purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 100m of the pool level of the River Murray and its lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the 1956 River Murray and lakes flood zone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Above shallow underground water supplies used for human or domestic purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 100m of the mean high water mark along coastal foreshore areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within 50m of a water source used for agriculture, aquaculture or stock purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
In an area likely to be subject to flooding or inundation in a 1:10 year recurrent event	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 arrestor, 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, the plumbing contractors(s) must provide a **Certificate of Compliance** to the relevant authorities following installation of an onsite 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.

Owners Name: \_\_\_\_\_

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

Applicants Name: \_\_\_\_\_

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

**PROPERTY OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ONSITE WASTEWATER SYSTEM DETAILS**Notification of service provider for:  New OR  Existing System

AWTS Model: \_\_\_\_\_

 Surface Irrigation System OR  Subsurface Disposal**SERVICE PROVIDER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has the Service Provider completed approved DHA training as required? YES / NO

Owners Name: \_\_\_\_\_

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