HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911 HEALTH (TREATMENT OF SEWAGE AND DISPOSAL OF EFFLUENT AND LIQUID WASTE) REGULATIONS 1974

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

1. Application Details

Read the application instructions in Appe Referring to Figure 1 in the Appendix 1, this is					
□ Local Government → Go to Section :	• •				
	ber required for the payment of \$102.00 d to the Department of Health WA. Refer to				
Receipt Number for the payment of Note: Applications without a receipt	\$102.00: ipt number will be returned to applicant.				
Complete Section 2 AND Section 3					
2. Location of System					
Lot Number	House Number				
Street Name					
Town or Suburb					
Nearest crossroad					
Local Government (City/Town/Shire)					
Minesite (Include Minesite name, GPS coordinates and sub-locations)	(If applicable)				
3. Owner / Applicant Details					
Owner's Name					
Applicant's Name					
Applicant's Postal Address					
Suburb	Postcode				
Applicant's Phone Number Applicant's Email Address	•				

Go to Section 4

4.	Premises Details				
	Residential Premises → Go to Section 4.1				
	Non-Residential Premises → Go to Section 4.2				
4.1	Residential Premises				
•	Number of bedrooms • Number of persons on premises				
	Number of other dwellings on the lot				
	Is this an ancillary accommodation? ☐ No ☐ Yes → LG Planning approval required				
•	Spa(s) on premises?				
•	Note:				
Go	to Section 5				
4.2	Non-Residential Premises				
	Please give details of the premises and the nature of use.				
	Theade give detaile of the profileds and the flatare of doc.				
	Public buildings - please detail the licensed maximum occupancy rate: persons				
•	Number of persons on premises and AND any other volumes of liquid waste generated onsite				
	Please refer to DOH factsheet: "Supplement to Regulation 29 – Wastewater system loading rates" for requirements and details on calculating daily wastewater volumes.				
•	Expected Daily Wastewater Volume: Litres / Day				
•	Note:				
Go	to Section 5				
5.	Treatment System Details				
	Standard Septic Tank to Leach Drains or Evaporation Ponds → Go to Section 5.1				
	Secondary Treatment System (STSs) -Listed on DOH website's approved → Go to Section 5.2				
	☐ Wastewater Treatment Plants (includes Commercial STSs) → Go to Section 5.3				
	Greywater Reuse System → Go to Section 5.4				
	Alternative Wastewater Treatment Systems → Go to Section 5.5				

5.1 Stand	dard Septic Tanks to L	each Drains or l	Evaporation F	Ponds		
■ Septio	: Tank Sizes					
■ Septio	: Tank Manufacturer					
■ Leach	Drain Lengths				4	
■ Leach	Drain Manufacturer				4	
■ Is it ar	n alternating system?	☐ Yes ☐ No				
Evaporation ponds require an engineer's certification, certifying the evaporation ponds are capable of disposing the total wastewater volumes that is being fed into the ponds. Please provide details and specifications of ponds with application.						
Go to Se	ction 6					
5.2 Seco	ndary Treatment Syste	em				
■ Na	me and Model of Secor	ndary Treatment	System			
Dispos	sal Area	m²				
Dispos	sal Method:					
☐ Su	rface Irrigation	Subsurface	Irrigation	☐ Substrata Irrig	ation	
■ Copy	of maintenance agreem	ent attached?	☐ Yes	☐ No → Required.		
■ If leac	■ If leach drains are used for disposal, please complete dot point 3-5 in Section 5.1.					

Go to Section 6

5.3	B Wastewater Treatment Plant	ts		
•	Please attach technical details covered:	t tanks e(s)	h ap	oplication. The following must be Water quality objectives Maintenance Alarms Technical drawings of system
•	Disposal Method:			
	Surface Irrigation	☐ Subsurface Irrigation		Substrata Irrigation
	Disposal Area Size:	m^2		
	capable of disposing the to	•	t is l	ifying the evaporation ponds are being fed into the ponds. Please
•	Note:			
Go	to Section 6			
5.4	Greywater Reuse System			
•	Name and Model of Greywate	r Reuse System		
•	Disposal Method:			
	☐ Surface Irrigation	☐ Subsurface Irrigation		☐ Substrata Irrigation
	Disposal Area Size:	m^2		
•	If leach drains are used for dis	posal, please complete dot	poin	nt 3-5 in Section 5.1.
•	Note:			
Go	to Section 6			
5.5	S Alternative Wastewater Trea	atment Systems		
Att	ach system's technical specific	ations from the manufacture	r wi	th application.

CHO approved form as per Section 4 and 4A of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974 Document Set ID: 10683634

Document Set ID: 10683634 Version: 3, Version Date: 02/08/2024

Go to Section 6

6. Information for Compliance Assessment

Lot Size	m2
Are there	any existing on-site effluent disposal systems on the lot:
□No	Yes → Please provide the following information:
0	Local Government or Department of Health approval number(s) for all existing system(s).
0	Please provide current details on the following: The use(s) of all other premise(s); and Total number of persons that will occupy all other premises on the lot; Estimate total wastewater volumes that is being disposed on-site.

7. System and Site Layout Plans

Unless the following are provided according to the requirements specified, the application will be returned to applicant for resubmission:

- A copy of plan and specifications of the proposed apparatus showing the top and longitudinal section to a scale of not less than 1:50.
- **3 copies** of a site plan of the premises to a scale not less than 1:100, showing:
 - the position of all buildings erected or proposed and the position of the proposed and any existing apparatus including setback distances.
 - the position, type and proposed use of all fixtures intended to discharge into the apparatus;
 - the position and setback distances of all drains, pipes, inspection openings, vents, traps and junctions in relation to buildings and boundaries;
 - o the size of pipes and fittings and the fall of the drains;
 - details of the proposed and any existing effluent disposal system and its setback distances to buildings, boundaries and trafficable areas; and
 - o the source of water supply to be used in connection with the apparatus if premises is not supplied by a non-reticulated mains supply.
- Applications to the Chief Health Officer: For plans that are larger than A3, an electronic copy will need to be provided in a data disc with application OR via email to <u>WWApps@health.wa.gov.au</u> together with the receipt / receipt number for the \$102.00 issued by the Department of Health WA. The premises address is to be identified in the email "Subject" field.

CHO approved form as per Section 4 and 4A of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974 Document Set ID: 10683634

8. Site and soil evaluations

Where required, site and soil evaluations should be provided in accordance with AS/NZS 1547 *On-site domestic wastewater management*. The requirements of the site and soil evaluation may be varied, based on existing site information or where health or environmental impacts are considered minimal. A SSE is a written report that examines the various aspects of a site in relation to sewage collection, treatment and on-site disposal to ensure adequate management over time. For more details please refer to the <u>Guidance on Site-and-soil evaluation for on-site sewage management</u>.

9. 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 Chief Health Officer.

Applicants Signature:	Date:
Please print name:	

(If this application is to be approved by the CHO, please ensure the \$102.00 application fee is paid prior to submission – Refer to Appendix 1 & 2 for further details)

LOCAL GOVERNMENT REPORT

(TO BE PROVIDED WHERE AN APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS IS MADE TO THE CHIEF HEALTH OFFICER, PUBLIC HEALTH)

(Local Government Use Only)

1. APPLICANT / LOCA	ATION DETAILS				
Owner's Name		Applicant's	Name		
Street		Town or Subu	ırb		
Lot or Pt. Lot No.	House No.	Local Government.			
2. SITE CONDITIONS					
Nature of Soil:	 ☐ Sand	☐ Gravel	Loam		Clay
Other, specify:					
Depth from natural gro	ound level to highest	known permanent/seasona	l or tidal watertable (mm)	
Distance from natural	water bodies _	metres			
Within 30 m of a wIn an area likely toIn Sewage sensitive	vell, bore, watercour be subject to floodi ve areas? water source areas?		•	☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
Has a DA been issAre there any conditions:	sued for this develop ditions imposed on t	the planning approval regard	ding an onsitewastewate	☐ Yes ☐ Yes r system? ☐ Y	☐ No ☐ No Yes☐ No
3. RECOMMENDATIO	NS OF LOCAL GO	VERNMENT			
4. CONDITIONS OF A	APPROVAL	Approval recommended (Approval not recommend (if different from application	ed (reasons for refusal a		
Other Conditions:					
(Any further conditions		d)			
Delegate of Local Gov	ernment:				
Local Government Ap	proval No.:		Date:		

CHO approved form as per Section 4 and 4A of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974 Document Set ID: 10683634

Appendix 1

Instructions for completing application form:

- Complete Sections 1-8 in full.
- Ensure plans and drawings are according to the specifications detailed in Section 7 of the application form.
- Ensure relevant application fees detailed in Appendix 2 are paid.
- Should you need assistance, contact your local government's Environmental Health Officer.

For applications to the Chief Health Officer, Public Health ONLY:

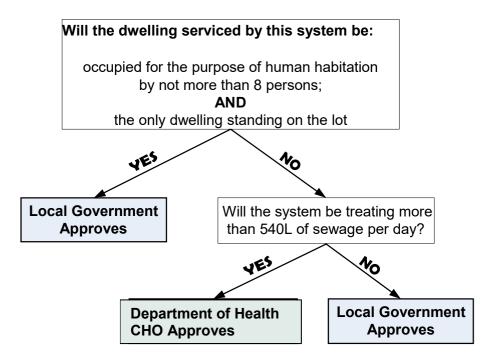
- Ensure you have recorded your receipt number for the payment of \$102.00 in Section 1 of the application form.
- To submit your application you can either email to <u>WWApps@health.wa.gov.au</u>. OR
- Send by post to:

Environmental Health Directorate PO Box 8172 PERTH BUSINESS CENTRE WA 6849

Compliance with regulations:

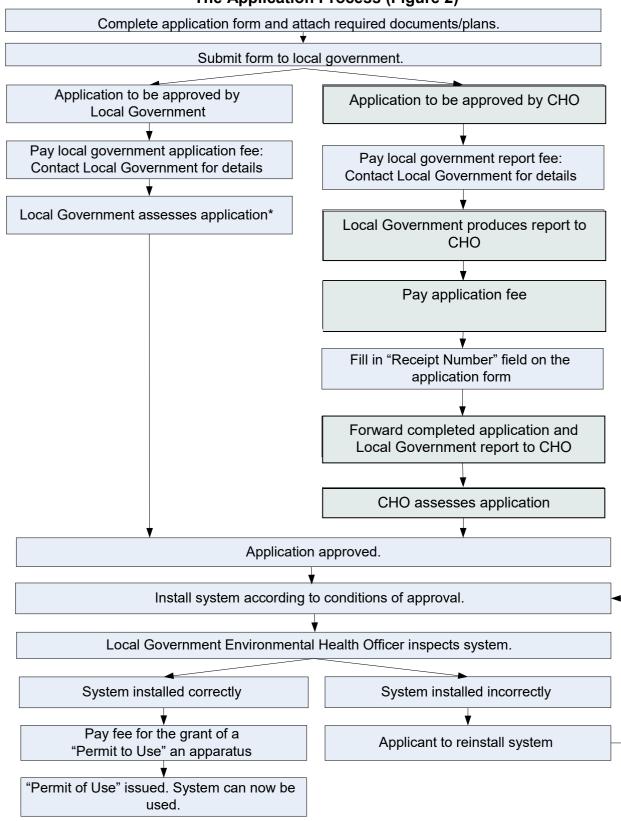
- Construction of the apparatus shall be in accordance with the requirements of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974.
- Approval will not be given for the installation of an apparatus where sewer connection is available as provided for by either section 72 or section 81 of the Health Act 1911.

Who approves your application? (Figure 1)



CHO: Chief Health Officer





^{*}Unapproved applications will be returned to applicant with reasons for refusal included.

Appendix 2

The following fees will apply:

Local government application fee (paid to local government) \$ 118.00

AND

(when CHO approval is required)

Health Department of WA application fee:

(a) with a local government report \$ 102.00 (b) without a local government report* \$ 110.00

Local government report fee **recommended fee** \$ 118.00 (This fee is set by the local government and paid to the local government)

When the application is approved:

Fee for the grant of a permit to use an apparatus (including all inspections)

\$ 118.00

For applications to the Chief Health Officer, the **\$102.00** application fee can be made through the following options:

Option 1: By Telephone

Ring (08) 9222 2000 and request to be put through to the "Accounts Officer".

Option 2: By Email

Complete "Payment Form" overleaf and email the **PAYMENT FORM ONLY** to **WWapps@health.wa.gov.au**

Option 3: By Cheque

Send cheque with the completed "Payment Form" overleaf to:

Environmental Health Directorate PO Box 8172 PERTH BUSINESS CENTRE WA 6849

Note: Processing times for cheques may take up to 10 business days before a receipt number can be issued. You will not be able to submit your application form without a receipt number.

^{*}only permitted when local government fails to provide a local government report within 28 days of request.

For use when lodging an application to the Chief Health Officer ONLY

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

Application Fee \$102.00 Applicant's Name / organisation Address and location of wastewater system Return postal address for receipt to be sent: Cardholders name: Address: Suburb: Post Code: Your return e-mail: Payments by credit card: Fill in credit card details below Card Type: Mastercard Visa **Expiry Date** Credit Card Number