

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

Each application must include **two copies** of 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: _____