

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

1. APPLICATION DETAILS (Applicant MUST complete in full Sections 1-6)

See Information for Applicants Page 3 (please tick as appropriate)

- Application to Local Government (including 2 copies of plans)
 Application to Executive Director Public Health (including 3 copies of plans and accompanied by a report from Local Government)

2. LOCATION OF INSTALLATION

Lot No	Street No	Street
Locality		
Nearest cross road or permanent land mark		
Local Government: SHIRE OF ESPERANCE		

3. OWNER / APPLICANT DETAILS

Owner Name		
Applicant Name		
Applicant Address		
Phone No	Fax No	Mobile No
Email Address		

NOTE: The approved application will be returned to the Applicant ONLY.

4. PREMISES DETAILS (please tick as appropriate)

<input type="checkbox"/> New		<input type="checkbox"/> Existing	
<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Multiple Dwelling	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
<input type="checkbox"/> Other – please specify			
Number of persons on premises		Number of bedrooms	
Spa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Volume _____ litres
Non-residential premises (expected daily wastewater volume) _____ litres/day			
Water supply to Premises	<input type="checkbox"/> Reticulated Mains Water	<input type="checkbox"/> Bore	
<input type="checkbox"/> Other – please specify			

5. SYSTEM DETAILS (please tick as appropriate)

Type of Apparatus	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Aerobic Treatment Unit	
<input type="checkbox"/> Other – please specify			
Disposal System	<input type="checkbox"/> Leach Drain	<input type="checkbox"/> Soak Well	<input type="checkbox"/> Surface Irrigation
<input type="checkbox"/> Sub-soil Irrigation			
<input type="checkbox"/> Other – please specify			
<input type="checkbox"/> Alternating System		<input type="checkbox"/> Non-Alternating 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 attached _____ copies of a site plan**, (see attached information sheet for requirements for plans) showing the location of the apparatus and all relevant dimensions and site detail, including distances from boundaries and water supplies/source.

Also attached if required, is a Local Government report for an application to the Executive Director Public Health.

Print Name	
Signature of Applicant	Date



7. SITE CONDITIONS				
Nature of Soil	<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Loam	<input type="checkbox"/> Clay
<input type="checkbox"/> 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
In an area likely to be subject to flooding or inundation in a 1:10 year return event?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, course of action taken:				

LOCAL GOVERNMENT OFFICE USE ONLY

8. CONDITIONS OF APPROVAL
Type of Disposal System and Dimensions:
Other Conditions:

9. APPROVAL	
<input type="checkbox"/> Approved (subject to above conditions)	<input type="checkbox"/> Refused (reasons for refusal attached)

Signature of Local Government Delegate:		
Local Government: SHIRE OF ESPERANCE	Date	
Receipt No:	Approval No:	Date

QUICK CODE	ACCOUNT NUMBER	DETAILS	AMT
502		Septic Tank Inspection Fee	\$ 113.00
503		Septic Tank Application Fee	\$ 113.00
408	300.8627.765.101	Photocopying	
TOTAL			\$

INFORMATION FOR APPLICANTS

Applicants should complete Sections 1-6 of the application and sign the declaration.

DRAWINGS

Each application **MUST** be accompanied by:

- two (2) copies of a site plan (for applications to Local Government)
- three (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; and
- distance of all receptacles for drainage from trafficable areas.

SUBMISSION OF APPLICATION

Applications for approval by Local Government, apply only to the following:

- a single dwelling on a single lot; and/or
- 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.

Once the application form has been completed it should be submitted together with the plans to the Local Government. Where an application requires the approval of the Executive Director Public Health, a Local Government Report must also be provided.(see approvals by Executive Director Public Health below).

The Local Government will help you determine to whom the application should be made, whether a Local Government Report is required, and the fees payable.

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:

- three (3) copies of the site plan;
- a Local Government Report; and
- 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	<input type="checkbox"/> Bankcard	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Diners
Name on Card		
Card Number		
Amount	Expiry Date	
Signature of Applicant		Date

INFORMATION FOR APPLICANTS (cont.)

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 septic 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 Regulations 1974 (Treatment of Sewage and Disposal of Effluent and Liquid Waste)*.

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 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*.

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	\$113.00
• Health Department of WA Application Fee	
(a) with a Local Government Report	\$35.00
(b) without a Local Government Report	\$110.00
• Local Government Report Fee (this fee is set by the Local Government)	RECOMMENDED FEE \$92.00
• Fee for the grant of a Permit to Use an Apparatus (including all inspections)	\$113.00

INFORMATION TO BE SUBMITTED

Two (2) copies of a site plan drawn to a scale of not less than 1:200:

- | | |
|---|--------------------------|
| (i) showing north point; | <input type="checkbox"/> |
| (ii) showing the distance of the apparatus from all buildings and boundaries; | <input type="checkbox"/> |
| (iii) showing the distance of the apparatus from all bores, waterways and water bodies; | <input type="checkbox"/> |
| (iv) detailing significant land contours; | <input type="checkbox"/> |
| (v) proposed location of Effluent Disposal System (including dimensions); and | <input type="checkbox"/> |
| (vi) showing the distance of all receptacles for drainage from trafficable areas. | <input type="checkbox"/> |

Two (2) copies of a floor plan drawn to a scale of not less than 1:100:

- | | |
|---|--------------------------|
| (i) showing connection to the Effluent Disposal System (including all drains and pipework). | <input type="checkbox"/> |
|---|--------------------------|

Details of apparatus construction materials ie concrete or plastic drains.

PLEASE NOTE: Environmental Health Officers will only be responsible for assessing systems from the point of connection to the septic tank. As such, a Permit to Use will not be issued until a white copy of the Certificate of Compliance is provided by the installing plumber.

OFFICE USE ONLY

Date Rcd	Assessment No
Application No	TRIM Ref