# APPLICATION FOR AN ON-SITE WASTEWATER WORKS APPROVAL

NORTHERN AREAS COUNCIL

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Pursuant to the SA Public Health (Wastewater) Regulations 2012, 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 to assist in the completion of this application form.

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 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 government control

**FAILURE TO PROVIDE THE CORRECT INFORMATION OR PAY FEES 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 | | | |

## 2. LOCATION OF INSTALLATION

| | | | | | |
|---|---|---|---|---|---|
| Property No | | Street | | | |
| Lot | | Section | | CT No | |
| Township or 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:

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_____

_____

*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 Wellbeing [Approved Products List]***

## 5. EFFLUENT DISPOSAL METHOD

LAND APPLICATION OF EFFLUENT: *Please ensure that Section 6 is also completed*

| | | | | | |
|---|---|---|---|---|---|
| ☐ SUBSURFACE DISPOSAL<br>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<br>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 1:50 000 SA Government topographic map and used or likely to be used for human or domestic purposes | ☐ Yes | ☐ No |
| Within 100m of the pool level of the River Murray and its lakes | ☐ Yes | ☐ No |
| Within the 1956 River Murray and lakes flood zone | ☐ 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 |
| **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.

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_____

_____

_____

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 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 _____