

Application to Construct or Install an Apparatus for the Treatment of Sewage

1. Application Details

The 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 of Public Health (including 3 copies of plans accompanied by a report from Local Government)

2. Location of Installation

Lot or Pt Lot No: _____ House No: _____

Street: _____ Suburb: _____

Nearest Cross Road or Permanent Landmark: _____

Local Government (City/Town/Shire): _____

3. Owner/Applicant Details

Owner's Name: _____

Applicant's Name: _____

Applicant's Postal Address: _____

Postcode: _____ Phone No: _____

4. Premises Details (tick as appropriate)

New Existing Single Dwelling Multiple Dwelling Commercial Industrial

Other Please Specify:.....

Number of Persons on Premises: _____ Number of Bedrooms: _____

Spa Yes No Volume..... litres

Non-Residential Premises (expected daily wastewater volume): _____ Litres/Day

Water supply to Premises: Reticulated Mains Water Bore

Other Please Specify:.....

5. System Details (tick as appropriate)

Type of Apparatus:

Septic Tank

Aerobic Treatment Plant

Other

Please specify: _____

Disposal System:

Leach Drain

Soak Well

Surface Irrigation

Sub-Soil Irrigation

Other

Please specify: _____

Alternating System

Non-Alternating System

6. Declaration and Signature of Applicant

I hereby apply as owner, or the person authorised to act on behalf of the owner, for the 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 of 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 of Public Health.

Applicant's Signature: _____

Please Print Name: _____

Date: _____

Please return completed form to Shire of Murray PO Box 21 Pinjarra WA 6208

Local Government Office Use

7. Site Conditions

Nature of Soil: Sand Gravel Loam Clay 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: Yes No

In an area likely to be subject to flooding or inundation in a 1:10 year return event: Yes No

If yes to any of the above, course of action taken.....

8. Conditions of Approval

Type of disposal system and dimensions: _____

Other Conditions: _____

9. Approval

Approved (*subject to above conditions*)

Refused (*reasons for refusal attached*)

Delegate of Local Government: _____

Local Government: _____ Date: _____

Receipt No: _____ Approval No: _____ Fee: _____

Information for Applicants

Applicants should complete Sections 1-6 of the Application and sign the Declaration.

Drawings

Each application must be accompanied by:

- 2 copies of a site plan (for applications to Local Government)
- 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
- 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
- Any other building that produces not more than 540 litres of sewage per day

Applications for approval by Executive Director Public Health

- 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 provide (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.

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 (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974.**
- 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 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 | |
| <i>(this is set by the Local Government)</i> | (Recommended Fee) \$100.00 |
| Fee for the Grant of a Permit to Use an Apparatus | \$113.00 |
| <i>(including all inspections)</i> | |

Local Government Report

(To be provided where an application to construct or install an apparatus is made to the Executive Director Public Health)

This form should be completed by the Local Government and then attached to the original of the application to the Executive Director Public Health, and forwarded with the application fee of \$35.00 to; Department of Health, Accounts Receivable Sundry Debtors, Health Corporation Network, Level 9, 81 St Georges Terrace, Perth WA 6000

1. Applicant/Location

Owner's Name:

Applicant's Name:

Applicant's Postal Address:

Postcode: Phone No:

Nature of Soil: Sand Gravel Loam Clay Other

Please specify:

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Will the apparatus be installed in any of the following locations:

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Yes No

In an area likely to be subject to flooding or inundation in a 1:10 year return event:

Yes No

If yes to any of the above, course of action taken.....

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