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 Appendix 1 before filling in this form. Referring to Figure 1 in the Appendix 1, this is an application to the:

 \Box Local Government \rightarrow Go to Section 2

Chief Health Officer → Receipt number required for the payment of \$102.00 BEFORE this application is forwarded to the Department of Health WA. Refer to Appendix 2 for payment instructions.

Receipt Number for the payment of \$102.00: **Note: Applications without a receipt 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

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 Version: 3, Version Date: 02/08/2024

4. Premises Details

	Residential Premises				
	Non-Residential Premises -> Go to Section 4.2				
4.1	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	Go to Section 5				
4.2	2 Non-Residential Premises				
•	Please give details of the premises and the nature of use.				

- 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: "<u>Supplement to Regulation 29 – Wastewater system loading rates</u>" for requirements and details on calculating daily wastewater volumes.

Expected Daily Wastewater Volume:

Litres / Day

Note:

Go to Section 5

5. Treatment System Details

Secondary Treatment System (STSs) -Listed on DOH website's approved list → 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 Standard Septic Tanks to Leach Drains or Evaporation Ponds

- Septic Tank Sizes
- Septic Tank Manufacturer
- Leach Drain Lengths
- Leach Drain Manufacturer
- Is it an 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 Section 6

5.2 Secondary Treatment System

Name and Model of Secondary Treatment System

•	Disposal Area	m ²		
•	Disposal Method:			
	Surface Irrigation	Subsurface	Irrigation	Substrata Irrigation
•	Copy of maintenance agreem	ent attached?	🗌 Yes	□ No → Required.
•	If leach drains are used for dis	sposal, please co	mplete dot poi	nt 3-5 in Section 5.1.

Go to Section 6

5.3 Wastewater Treatment Plants

Please attach technical details and plant specifications with application. The following must be	е
covered:	

- Capacity
- o Volume of treatment tanks
- Buffer tank(s) volume(s)
- o Treatment train details

- Water quality objectives
- o Maintenance
- o Alarms
- Technical drawings of system

Disposal Method:

Surface Irrigation	Subsurface Irrigation	Substrata Irrigation
Disposal Area Size:	m ²	
capable of disposing the te	e an engineer's certification, certif otal wastewater volumes that is be cations of ponds with application.	

Note:

Go to Section 6

5.4	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 point	3-5 in Section 5.1.
	Note:		

Go to Section 6

5.5 Alternative Wastewater Treatment Systems

Attach system's technical specifications from the manufacturer with application.

Go to Section 6

6. Information for Compliance Assessment

Lot Size

m2

• Are there any existing on-site effluent disposal systems on the lot:

 \square No \square Yes \rightarrow Please provide the following information:

- Local Government or Department of Health approval number(s) for all existing system(s).
- 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;
 - \circ 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
 - 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.

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</u> <u>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	F OR INSTAL	AN APPARATUS IS MADE T	O THE CHIEF HEALTH OFFICER	, PUBLIC HEALTH)
		(Local Gove	rnment Use Only)		, , , , , , , , , , , , , , , , , , ,

1. APPLICANT / LOCA	TION DETAILS	(,		
Owner's Name		Applicant's	Name		
Street		Town or Subi	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	und level to highest	known permanent/seasona	l or tidal watertable (mm))	
Distance from natural	water bodies	metres			
Will the apparatus be	installed in any o	f the following locations:			
Within 30 m of a w	ell, bore, watercour	se, dam intended to be use	d for human consumption	🗌 Yes	🗌 No
In an area likely to	be subject to floodi	ng or inundation in a 1:10 ye	ear return event.	🗌 Yes	🗌 No
In Sewage sensitiv	e areas?			🗌 Yes	🗌 No
In Public drinking v If yes to any of the abo	vater source areas? ve, describe course			🗌 Yes	🗌 No
Is the information of	on Section 6 of the a	application form correct?		🗌 Yes	🗌 No
Has a DA been iss	ued for this develop	oment?		🗌 Yes	🗌 No

	Are there any conditions imposed on the planning approval regarding an onsite wastewater system? Yes No
Lis	t the conditions:

3. RECOMMENDATIONS OF LOCAL GOVERNMENT

4.	CON	DITIO	NS OF	APPR	ROVAL
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Approval recommended (subject to the conditions listed below)
 Approval not recommended (reasons for refusal attached)

Type of Disposal System and Dimensions (if different from application form):

Other Conditions:

(Any further conditions should be attached)

Delegate of Local Government:

Local Government Approval No.:

Date:

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 (b) without a local government report*	\$ 102.00 \$ 110.00
Local government report fee recommended fee (This fee is set by the local government and paid to the local governme	•
When the application is approved: Fee for the grant of a permit to use an apparatus (including all inspections)	\$ 118.00
*only permitted when local government fails to provide a local government report within 28 days	s of request.
For applications to the Chief Health Officer, the \$102.00 application fee car be made through the following options:	1

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. <u>You will not be able to submit your application form</u> without a receipt number.

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	
Credit Card Number	Expiry Date