HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911
HEALTH (TREATMENT OF SEWAGE AND DISPOSAL OF EFFLUENT AND LIQUID WASTE) REGULATIONS 1974
CITY OF COCKBURN HEALTH LOCAL LAWS 2000
ENVIRONMENTAL PROTECTION ACT 1986 UNAUTHORISED DISCHARGE REGULATIONS 2004

APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS FOR THE DISPOSAL OF TREATED LIQUID WASTE DISCHARGE

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:

☐ Local Government ➔ **Go to Section 2**

☐ Chief Health Officer ➔ **Receipt number required** for the payment of $120.00 **BEFORE** this application is forwarded to the Department of Health WA. Refer to Appendix 2 for payment instructions.

Receipt Number for the payment of $120.00: _____

Note: Department of Health Applications without a receipt number will be returned to applicant.

Additional Required Supporting Information:

☐ Manufacturer specifications of oil separator

☐ For retrospective applications a copy of a recent NATA accredited analytical report of the treated wastewater.

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)			

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

4. Premises Details

Business name	
Business type	
Expected daily waste water volume (estimate litres per day)	
Description of the trade waste (hydrocarbons, coolant etc)	
Size/ type of equipment being washed	
Size of washdown pad *(if greater than 20 metres squared it is required to be covered)*	

- Retrospective applications must be accompanied by a copy of a recent NATA accredited analytical report detailing the quality of treated waste water.
- Note to Applicant - it is a standard condition of approval that all installed oil separator waste water treatment systems will be required to have a sample of the waste water analysed by a NATA accredited laboratory 3 months after installation, to ensure system is complying with discharge standards

5. Treatment System Details

☐ Oil Separator System ➔ **this section must be completed**
☐ Standard Septic Tank to Leach Drains ➔ **Go to Section 5.2**
☐ Secondary Treatment System (STS, also known as ATU) ➔ **Go to Section 5.3**
☐ Wastewater Treatment Plants (includes Commercial STSs) ➔ **Go to Section 5.4**

5.1 Details of Proposed Oil Separator System

- Are the manufactures specifications for the oil separator attached? ☐ Yes ☐ No
  (this information is required)
- Oil Separator Make/Model/Manufacturer _____

Ongoing Testing Requirements

- General maintenance and, inspections on the system should be performed weekly.
- The waste water system mechanical operating performance should be tested quarterly.
- All inspection results, start up analytical data etc should be recorded in a log book, and data kept for 2 years.
- Where required by regulatory authorities, the site operator should take representative samples at least 6 monthly and sent for laboratory analysis. The analysis shall be compared to the discharge water quality guidelines stated above (Indicative Wastewater Discharge Criteria, Table 1, Mechanical Equipment Washdown – WQPN68 Department of Water 2006).

Waste Water Discharge Quality Criteria

The following waste water quality criteria are drawn from the "*Indicative Wastewater Discharge Criteria", Table 1, Mechanical Equipment Washdown – WQPN68 Department of Water*. In all cases, applicants will be required to satisfy the City that these criteria can be achieved before approval to discharge on site will be issued.

- PH: In the range of 5.5 to 8.5
- Salinity: Measured as electrical conductivity less than 1800 uS/cm
- Surfactants: Should not exceed 5mg/L
- Total Petroleum Hydrocarbons: Should not exceed 15 mg/L
- Benzene, toluene, ethyl benzene & xylene: Should not exceed 10 µg/L (cumulative maximum)
- Toxic soluble contaminants (heavy metals - Arsenic, Mercury, Cadmium, Lead, Chromium, Zinc, Nickel & Copper) should not exceed ten times the guideline criteria or investigation trigger for local water values as published in the Australian and New Zealand Guidelines for Fresh and Marine Water Quality 2000

5.2 Standard Septic Tanks to Leach Drains

- 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 agreement attached? ☐ Yes ☐ No ➔ Required.
- If leach drains are used for disposal, please complete dot point 3-5 in Section 5.2.

Go to Section 6

5.3 Wastewater Treatment Plants

- Please attach technical details and plant specifications with application. The following must be covered:
  - Capacity
  - Volume of treatment tanks
  - Buffer tank(s) volume(s)
  - Treatment train details
  - Water quality objectives
  - Maintenance
  - Alarms
  - Technical drawings of system

- Disposal Method:

  ☐ Surface Irrigation ☐ Subsurface Irrigation ☐ Substrata Irrigation

  Disposal Area Size _____m^2

  ☐ 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.

- Note: _____

  _____

Go to Section 6

6. Information for Compliance Assessment

- Lot Size _____m2

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

  ☐ No ☐ Yes ➔ 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;
  - 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.

8. 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 $120.00 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 OR INSTALL AN APPARATUS IS MADE TO THE CHIEF HEALTH OFFICER, PUBLIC HEALTH)
(Local Government Use Only)

1. APPLICANT / LOCATION DETAILS

Owner's Name _____ Applicant's Name _____

Street _____ Town or Suburb _____

Lot or Pt. Lot No. _____ House No. _____ Local Government. _____

2. SITE CONDITIONS

Nature of Soil: ☐ Sand ☐ Gravel ☐ Loam ☐ Clay

☐ Other, 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 30 m 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**
- In Sewage sensitive areas? ☐ **Yes** ☐ **No**
- In Public drinking water source areas? ☐ **Yes** ☐ **No**

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

_____

- Is the information on Section 6 of the application form correct? ☐ **Yes** ☐ **No**
- Has a DA been issued for this development? ☐ **Yes** ☐ **No**
- Are there any conditions imposed on the planning approval regarding an onsite wastewater system? ☐ **Yes** ☐ **No**

List the conditions:

_____

3. RECOMMENDATIONS OF LOCAL GOVERNMENT

☐ Approval recommended (subject to the conditions listed below)
☐ Approval not recommended (reasons for refusal attached)

4. CONDITIONS OF APPROVAL

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:

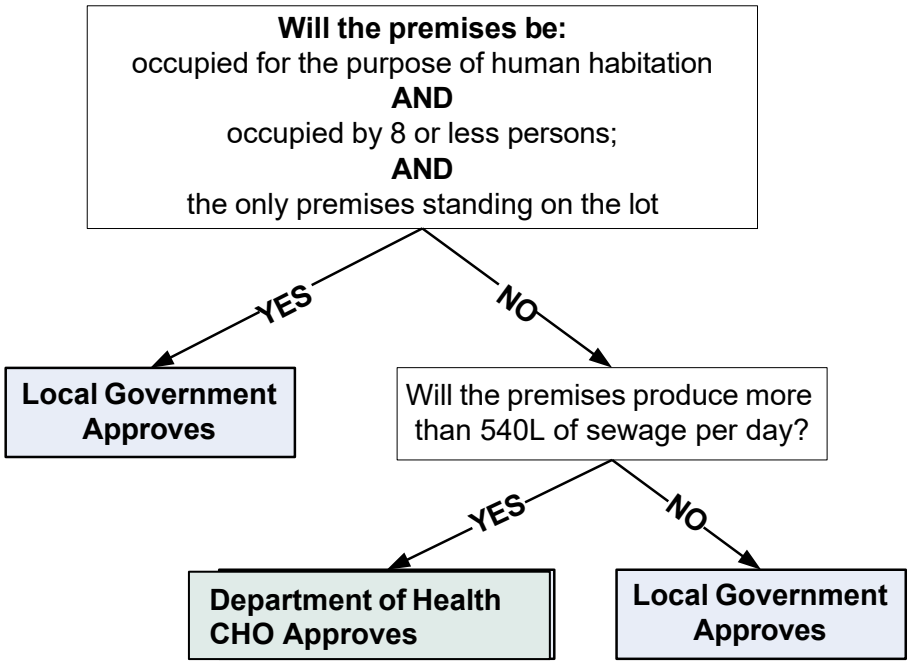
- Ensure you have recorded your receipt number for the payment of $79.00 in Section 1 of the application form.
- To submit your application you can either email to WWApps@health.wa.gov.au. OR
- Send by post to:

Environmental Health Directorate
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

Compliance with regulations:

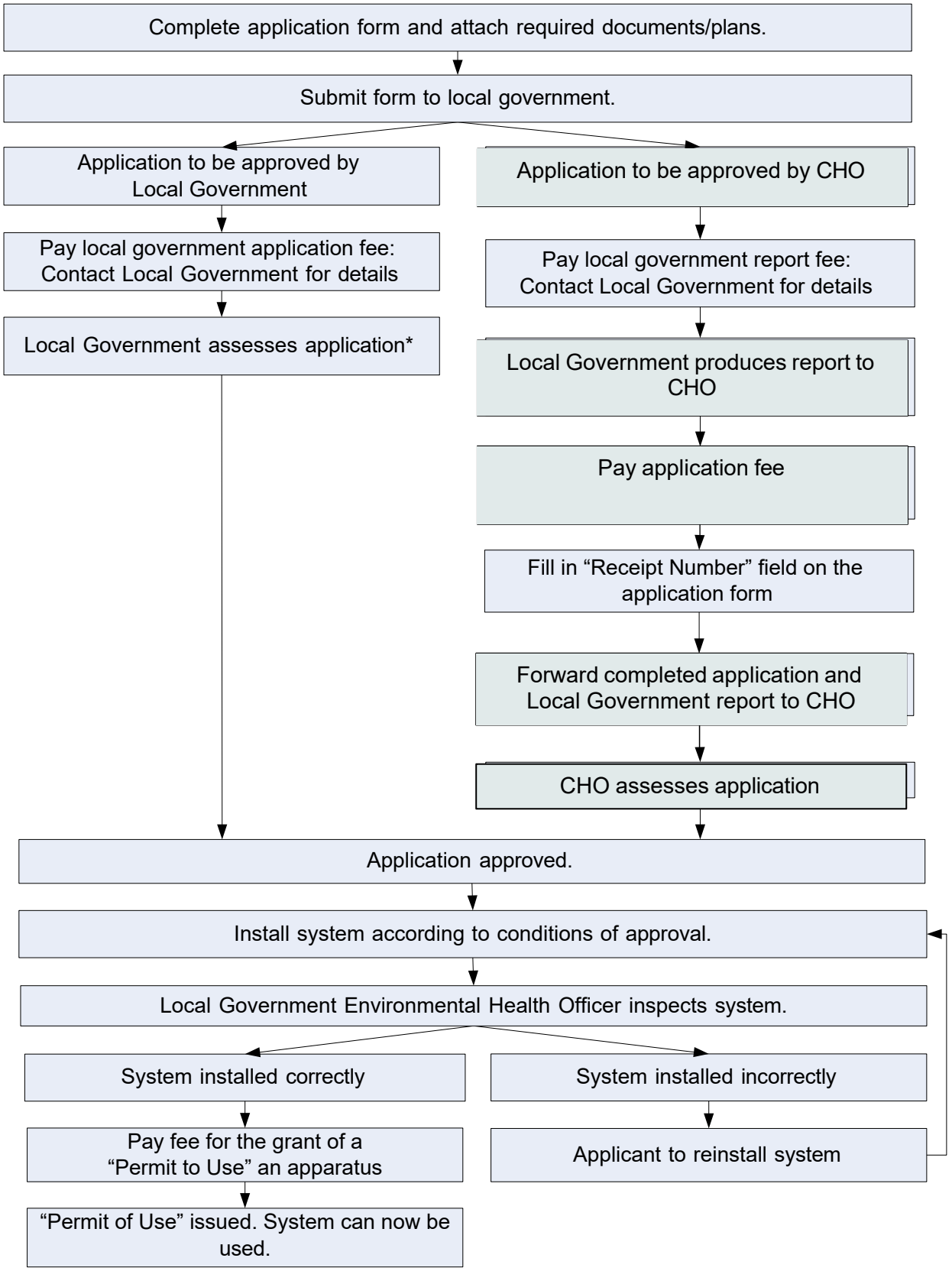
- Construction of the apparatus shall be in accordance with the requirements of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974.
- Approval will not be given for the installation of an apparatus where sewer connection is available as provided for by either section 72 or section 81 of the Health Act 1911.

Who approves your application?
(Figure 1)



CHO: Chief Health Officer

The Application Process
(Figure 2)



*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 **$ 120.00**
(b) without a local government report* **$ 110.00**

Local government report fee ***recommended fee*** **$ 118.00**
(This fee is set by the local government and paid to the local government)

When the application is approved:
Fee for the grant of a permit to use an apparatus **$ 118.00**
(including all inspections)

*only permitted when local government fails to provide a local government report within 28 days of request.

For applications to the Chief Health Officer, the **$120.00** application fee can be made through the following options:

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. You will not be able to submit your application form 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 $120.00

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

☐☐☐☐