#### **HEALTH 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

THE APPLICANT MUST COMPLETE IN FULL SECTIONS 1-6.

| 1. APPLICATION DETAILS  |    |
|---|----|
| See information for applicants page 3 (Please tick as appropriate)  |    |
| ☐ Application to local government   |    |
| ☐ Manufacturer specifications of oil separator  |    |
| $\square$ For retrospective approvals a copy of a recent NATA accredited analytical report detailing quality of treated waste water   |    |
| $\square$ 2 copies of plans (showing all details outlined in section 10. Information for applicants)  |    |
| 2. LOCATION OF INSTALLATION   |    |
| Street/ Lot NoSuburb_   |    |
| Unit NoZoned_   |    |
| Note: Applicants are advised that the discharge of any treated waste water via soakwell or leach drain will not permitted within the Resource Zone  3. OWNER/ APPLICANT DETAILS | be |
| Owners Name   |    |
| Plumbers/ Installers NameLic#   |    |
| Applicants Name   |    |
| Applicants Adress   |    |
| Phone NoMobile  |    |
| Note: The approved application will be returned to the applicant only   |    |
| 4. PREMISES DETAILS   |    |
| Premises description (Please tick as appropriate)   |    |
| ☐ New ☐ Existing ☐ Commercial ☐ Industrial ☐ Other please specify   |    |
| Expected daily waste water volume (estimate litres per day)   | _  |
| Business nameBusiness type  |    |
| 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)   |    |

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| 5. SYSTEM DETA                           | LS  |                                |  |              |                |
|--|---|--------------------------------|--|--------------|----------------|
| (Please tick as approp                   | riate)  |                                |  |              |                |
| Type of apparatus                        | Oil Separator                                 | Other plea                     | se specify   |              |                |
| Disposal System specify                  |   |                                | Other please   |              |                |
| 6. DECLARATION                           | AND SIGNATUR                                  | E OF APPLICAN                  | NT   |              |                |
| apparatus as referred                    | to above. I have atta<br>showing the location | ched copies n of the apparatus | on behalf of the owner, for appro<br>of a site plan, (see information<br>and all the relevant dimensions | for applican | ts section for |
| Applicants signature_                    |   |                                |  | Dat          | e              |
| Please print name                        |   |                                |  |              |                |
|  | LOCA  | L GOVERNMEN                    | IT OFFICE USE ONLY   |              |                |
| 7. SITE CONDITIO                         |   |                                |  |              |                |
| Nature of soil                           |   |                                |  |              |                |
| ☐ Sand ☐ Gravel specify                  |   | •                              | please   |              |                |
| Depth from natural gro                   | und level to highest                          | known permanent                | / seasonal or tidal water table  |              |                |
| Distance from natural                    | water bodies                                  |                                |  |              |                |
| Will the apparatus be i                  | nstalled in any of the                        | e following location           | s:   |              |                |
| Within 30 m of a well,                   | bore, watercourse, d                          | am intended to be              | used for human consumption   | Yes          | □ No           |
| In an area likely to be                  | subject to flooding or                        | r inundation in a 1:           | 100 year return event  | ☐ Yes        | □ No           |
| If yes to any of the abo                 | ove, course of action                         | taken                          |  |              |                |
| 8. CONDITIONS O                          | F APPROVAL                                    |                                |  |              |                |
| Standard Conditions                      |   |                                |  |              |                |
|  |   |                                | red to have a sample of the wast<br>re system is complying with disc                                     |              |                |
| Other conditions Refer to the conditions | of approval attache                           | d to the approved              | plans  |              |                |
| 9. APPROVAL                              |   |                                |  |              |                |
| ☐ Approved (subject t                    | o conditions and rec                          | eival of fee)                  |  |              |                |
| ☐ Refused (reasons for                   | or refusal below)                             |                                |  |              |                |

| Delegate of local governm | ent           | Date               |     |  |  |
|---------------------------|---------------|--------------------|-----|--|--|
| Receipt No                | Approval No   | Fee received 🛘 Yes | □No |  |  |
| 10. INFORMATION FO        | OR APPLICANTS |                    |     |  |  |

Application to local government must be accompanied by:

- Section 1-6 of above form completed
- Manufactures specifications of oil separator
- For retrospective approvals a copy of a recent NATA accredited analytical report detailing quality of treated waste water
- · 2 copies of site plans as detailed below
- Fee

#### **Drawings**

Site plans should be drawn to a scale of 1:100, and be labelled with all dimensions and include the following detail:

- Location of the apparatus and all drains and pipe work.
- Distance of the apparatus from all buildings, boundaries, bores, waterways and water bodies.
- Distance of all receptacles for drainage from trafficable areas.

#### **Waste Water Quality**

Discharge 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

### **Testing**

- 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).

#### 11. WORK NOT TO COMMENCE

The applicant will be notified in writing of the outcome of this application

Note: 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*.

## 12. PERMIT TO USE APPARUTUS

When you have obtained approval, you may proceed with the construction or installation of the apparatus. Before covering the installation, notify an Environmental Health Officer from the local government so that they may inspect the apparatus and issue a permit to use the apparatus. Apparatus must be full and holding clean water for 24 hours prior to inspection.

# 13. 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*) and City of Cockburn Guidelines for Liquid Waste Discharge and Mechanical Washdown Bays.
- 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*.

### 14. FEE

All fees should be made payable to the local government for the district in which the apparatus will be installed.

The following fees will apply (21-22 financial year)

- Local government application fee: \$118.00
- Fee for the grant of a permit to use an apparatus (including inspections): \$118.00
- Total: \$236.00