

APPLICATION FOR ALTERNATIVE ON-SITE WASTEWATER / WASTE CONTROL SYSTEM INSTALLATION

Use this application form for the following types of alternative (not described in the SAHC Codes) onsite wastewater system installation:

- All-wastewater systems
- Greywater systems
- Blackwater or toilet systems such as composting toilet systems, hybrid toilet systems or other blackwater systems
- Blackwater / yellow water (urine) separation systems
- Reedbed systems
- Other on-site system installations that are not described in the SAHC Codes

PLEASE NOTE: Specific application forms must be submitted to local councils for approvals for *onsite systems* of septic tank & subsurface disposal (soakage) or aerobic sand filters or aerobic wastewater treatment units for the majority of those systems. Refer to the SAHC Code *Waste Control Systems – Standard for the Construction, Installation and Operation of Septic Tank Systems in South Australia* and *Supplements A or B*. Check with the local council first, to establish to which agency (Council or Department of Health) you need to submit your application. These codes can be purchased and application forms obtained from any local council office or Environmental Health Service office of the Department of Health (DH). They can also be downloaded from: <http://www.dh.sa.gov.au/pehs/environ-health-index.htm>

This application form is to be used specifically for *onsite systems that are not covered in the SAHC Codes* (ie for alternative onsite systems listed above).



OFFICE USE ONLY

WASTE CONTROL SYSTEM NUMBER

(WCS): _____

FEE RECEIVED (include date, amount & receipt number):

ABN 97 643 356 590
Environmental Health Service
Citi Centre Building, Level 1,
11 Hindmarsh Square, Adelaide SA 5000

PO Box 6 Rundle Mall ADELAIDE SA 5000

Telephone (08) 8226-7100

Fax: (08) 8226-7102

Email: ehb@health.sa.gov.au

PLEASE PRINT CLEARLY

Property's Certificate of Title (CT) Number _____

TYPE OF ALTERNATIVE ON-SITE SYSTEM INSTALLATION

THIS APPLICATION IS FOR: (Please tick appropriate boxes)

- Type:**
- All-wastewater system
 - Greywater only system
 - Blackwater / toilet waste only system
 - Yellow water (urine) separation and/or treatment system
 - Combination of some of the above (please specify) _____
- _____

THE MAIN COMPONENTS OF THE SYSTEM ARE: (Please tick as appropriate)

- All-wastewater treatment system (please specify) _____
- Greywater treatment system (please specify) _____
- Composting Toilet - Type / Model _____
- Other blackwater / toilet waste system (please specify) _____
- Yellow (urine) water system - Type / Model _____
- Reedbed system (please specify) _____
- Other (please specify) _____

Pump Sump(s) Pump(s) / Pump out chamber (s) of system: (where applicable)

Pump sump material and method of construction _____

Capacity of Pump Sump (litres) _____ Type of pump _____

Type & Location of alarm _____

If more than one pump, please provide details on a separate sheet of paper and attach to this form.

APPLICATION DETAILS

NAME & DESCRIPTION OF SYSTEM FOR APPROVAL:

MANUFACTURER / NAME & MODEL OF SYSTEM: (if applicable):

Manufacturer / Name _____

Model Name / No. _____

Product approved in SA? YES NO

INSTALLATION ADDRESS / LOCATION

Street _____ Township or Suburb _____

Street Number _____ Lot or Pt. Lot Number _____

Where the installation is not located in a defined township, please provide a location plan with clear directions and the following information...

Hundred of _____ Section or Pt. Section _____

APPLICANT DETAILS (if different from the owner)

(Tick as appropriate)

Owner (If owner is the applicant go to applicant details below)

Other (If other, please complete the following)

Applicant name: _____ Company / Agency: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

OWNER DETAILS

Owner name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

OPERATOR DETAILS (If different from the owner / applicant)

Operator name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

(Tick as appropriate)

Builder

Plumber

Other (please specify) _____

PREMISES & SYSTEM DETAILS

PREMISES DESCRIPTION

(i.e. house, flats/units, office etc.) _____ No. of persons _____

For units/ flats /retirement villages etc

Number of units / flats	Number of bedrooms per unit/flat	Number of persons per unit/flat	Total number of persons

Water supply to premises

Reticulated mains water (includes any supply from dam or river)

Roof catchment or storage or carted supply

Occupation conditions

- Full-time occupation
- Intermittent occupation
(no reduction in system size permitted for intermittent use)

NON-RESIDENTIAL PREMISES

If additional information is required to assist in approval, please attach details on a separate sheet – e.g. anticipated frequency of use for hotel/motel

For Constant use – state TOTAL NUMBER of persons using the system _____

For Variable use – state TOTAL NUMBER of persons using the system EACH DAY over a 7 day period (highest number over 12 months) and indicate below the number for each day:

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
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NON-STANDARD FIXTURES TO BE INSTALLED

(Please tick and indicate number as appropriate)

- Food waste disposal unit Spa bath *(Please state capacity in litres)* _____
- Other *(Please provide details)* _____

The relevant authority may require additional information such as hydraulic flows for other non-standard fixtures.

LAND CAPACITY ASSESSMENT DETAILS

SITE DETAILS

Land slope *(percentage gradient)* _____ Flooding Frequency *(e.g. once in 7 years)* _____

Depth to permanent/seasonal or tidal water table *(mm)* _____ Depth to bedrock *(mm)* _____

SOIL CLASSIFICATION

Attach details of soil classification assessment, providing a description of the soil at each horizon taken to a depth of three (3) metres or 500mm beyond the intended level of the selected horizon for the subsurface disposal system, whichever is the greater. The description should include an indication of the likely permeability of each soil horizon and its suitability for the proposed disposal system. Several test boreholes should be taken. The test holes shall be identified and their location indicated on a site plan.

SOIL PERMEABILITY (percolation)

Where the soil assessment indicated a soil type such as clay or where it is known that the soil type is unlikely to be suitable for long-term effluent disposal, recognised percolation tests (see AS/NZS 1547: 2000) should be carried out in the area and within the selected soil horizon where the disposal system is located. The test holes shall be identified and their location indicated on a site plan. Attach results of percolation tests carried out using a recognised test method *(minimum of 5 test holes should be taken)*.

The approving authority may require certification from a suitably qualified engineer that the installation and operation of the subsurface disposal system will not have any impact on the structural integrity of the building(s) on the site or adjoining sites; or any adverse environmental or public health impact on nearby watercourses, groundwater, coastal waters etc.

PROXIMITY OF DISPOSAL / IRRIGATION SITE TO A WATER SOURCE

Is the proposed effluent disposal / irrigation system to be installed in any of the following locations?

(tick as appropriate)

Within 50m of a well, bore, 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 poll level of the River Murray and 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 agricultural, aquacultural or stock purposes. 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, please provide full details including location, depth and measurements with the application.

DISPOSAL METHODS

CALCULATIONS OF REQUIRED CONTACT AREA FOR SUBSURFACE DISPOSAL OF EFFLUENT

Effluent percolation rate as calculated (*in litres/square metre/day*) _____

Required contact area for disposal as calculated (*in square metres*) _____

(Please tick as appropriate)

Subsurface Disposal

Soakage Trench OR **Soakage Bed**

Type used Plastic tunnel Perforated pipe

Length (*m*) _____ Width (*m*) _____ Depth* (*mm*) _____

** Depth of trench or bed used to calculate the contact area*

Depth below natural ground surface to top of trench or bed (*mm*) _____

Soakage Well

Depth below inlet (*mm*) _____ Diameter of excavation (*mm*) _____

Number of wells _____

Contact area provided by each well (*square metres*) _____

Shallow Subsurface Irrigation

Pipe Size (*mm*) _____

Irrigation Area (*m²*) & dimensions _____

Surface Irrigation

Spray Irrigation

Drip Irrigation

Flood Irrigation **OR** Furrow Irrigation

Pipe Size (mm) _____

Irrigation Area (m²) and dimensions _____

Other Non-potable Use (Please specify) _____

Off-Site Disposal

Septic Tank effluent disposal scheme

OR

Other wastewater reticulation (Please specify) _____

OR

Temporary on-site containment for tanker removal from site

State capacity of storage sump (litres) _____

Other Method *Please provide full details with attachments as appropriate*

NOTE 1:

A licence may be required from the Environmental Protection Agency, and/or a permit from the Department of Water, Land and Biodiversity Conservation or the Catchment Water Management Boards. Please contact these authorities before progressing with the installation.

NOTE 2:

If the proposed installation is within a sewerage catchment of SA Water or within a Septic Tank Effluent Disposal Scheme area, exemptions need to be obtained from SA Water or the local council respectively if not intending to connect to those systems. A permit must also be obtained from the owner(s) of any private communal schemes if the onsite system is within such a development.

DISINFECTION SYSTEM

Type, form, method of disinfection (where applicable) _____

ALARM SYSTEM

An alarm system must be installed as part of a wastewater treatment system, to indicate electrical or mechanical component malfunction or failure, including those components associated with separate containment sumps and pumps.

Type of audible and visual alarm _____

Location of alarm _____

DECLARATION BY APPLICANT/ OWNER

I supply the following details with my application for the wastewater system detailed above

(Please tick as included)

- Application fee**
(payable to the Department of Health – may be subject to change each new financial year)
- Description of premises requiring system**
- Listing of non-standard fixtures**
- Plumbing details**
- Engineering calculations regarding the sizing of the system and each of its components**
- Details / specifications for components within the scheme**
- Soil classification assessment details**
- Engineering report and/or calculations regarding the structural soundness of the scheme**
- Two (2) sets of scaled A1 size or a minimum of A3 size plan-view engineering drawings**
- Two (2) sets of scaled A1 size or a minimum of A3 size cross-sectional engineering drawings**
- Details of contingency measures for malfunctions**
- Laboratory analysis reports (by NATA registered laboratory) *(where available)***
- Additional information *(where available)***

I understand that the Department of Health (DH) may require further details if necessary, and that failure to supply all the details referred to in this application form and any additional information requested by the DH concerning my application above may result in delays in processing the application.

NAME: _____

POSITION: _____ COMPANY: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

APPLICATIONS MUST BE ADDRESSED TO:

Wastewater Management
Environmental Health Service
Department of Health
PO Box 6 Rundle Mall, ADELAIDE SA 5000