

# Application for an On-Site Wastewater Works Approval

3 Royal Circus, Robe SA 5276, PO Box 1, Robe SA 5276  
Phone 08 8768 2003 Email council@robe.sa.gov.au

Pursuant to the SA Public Health (Wastewater) Regulations 2012, all on-site wastewater systems and alterations to on-site wastewater systems are subject to a wastewater works approval. Refer to the South Australian Department for Health and Aging **ON-SITE WASTEWATER SYSTEMS CODE (the Code)** for further information to assist in the completion of this application form. The Code can be accessed online at <http://www.health.sa.gov.au/pehs/branches/wastewater/new-regulations-and-codes.htm>

Each application must include **two copies** of a detailed sanitary plumbing and drainage layout (refer to Section 8 of the Code), a site and soil report (refer to Section 3.6.1 of the Code) and the appropriate fee as determined by the relevant authority. Applications where necessary, must include a detailed assessment of the land capability of the site via a soil report (i.e. the suitability of the site for treatment and disposal/reuse of domestic wastewater).

Please contact the relevant authority for details regarding the fee and method of payment. The relevant authority is:

- The local council for the installation of on-site wastewater systems with a capacity up to 40 EP or connection to a Community Wastewater Management System (CWMS)
- The South Australian Department for Health and Aging for systems to be installed with a capacity greater than 40EP, Community Wastewater Management Systems (CWMS) and for wastewater systems in areas of the state not under local government control.

## Office Use Only

Waste Control System Application  
Number \_\_\_\_\_

Development Application Number  
\_\_\_\_\_

Date Received  
\_\_\_\_\_

Fee Paid  
\_\_\_\_\_

Receipt Number  
\_\_\_\_\_

**FAILURE TO PROVIDE THE CORRECT INFORMATION OR FEE WILL RESULT IN APPROVAL DELAYS**

**PLEASE PRINT CLEARLY**

## 1. Applicant/Owner Details

*Enquiries regarding this application will be directed to the applicant:*

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Township or Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

*If the applicant is not the owner, please also fill in the details below:*

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Township or Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Tick as appropriate  Builder  Plumber  Other (Please Specify) \_\_\_\_\_

Plumber's Name: \_\_\_\_\_

Plumber's Address: \_\_\_\_\_

\*Lic No: \_\_\_\_\_ SA Water & SA Council's Certificate of Compliance No: \_\_\_\_\_

\*NB: the Septic Tank application **will not** be assessed until the Plumber's Licence and the SA Water & SA Council's Certificate No's are supplied.

SA Water (Public & Environmental Health) completion sheets to be completed by a Licenced Plumber as applicable.

## 2. Location of Installation

Property Number: \_\_\_\_\_ Street: \_\_\_\_\_

Township or Suburb: \_\_\_\_\_ Lot/Section 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 \_\_\_\_\_

## 3. Premises Details

PREMISES DESCRIPTION:  Dwelling  Units  Commercial  Other

OCCUPANCY (RESIDENTIAL PREMISES): \_\_\_\_\_ (number of persons)

OCCUPANCY (NON-RESIDENTIAL PREMISES): Refer to **APPENDIX E** of the Code to decide on a suitable premises category to calculate the capacity of the septic tank and the effluent disposal requirements.

Premises Category: \_\_\_\_\_ P1: \_\_\_\_\_ P2: \_\_\_\_\_

WATER SUPPLY TO PREMISES:

Reticulated mains water supplied to premises

If not, what water supply is used:

Roof catchment / storage or carted supply

Other (please specify) .....

NON-STANDARD FIXTURES:

Food waste disposal unit

Spa bath capacity (litres) .....

## 4. Proposed Type of Wastewater Works

New system

Alteration/addition to an existing system

For an alteration/addition to the system or a design utilising more than one of the options below, please provide a brief description of works here or attach a covering letter to the application:

---

---

---

*Please ensure that the submitted plans show the existing pipework and fittings (as known) and the intended additions, making a clear visual distinction between the two.*

TYPE OF SYSTEM:

Onsite Disposal

CWMS Connection

Septic Tank

Tank Capacity: \_\_\_\_\_ Make: \_\_\_\_\_

Aerobic

Sand Filter

Reed Bed

Composting Toilet

Grey Water Treatment

Grey Water Diversion

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Pump

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Sump Capacity: \_\_\_\_\_ Type and Location of Alarm: \_\_\_\_\_

Trade Waste – *Please refer to Section 7*

**Please ensure that all nominated systems and components are on the Department for Health and Ageing Approved Products List:**

<http://www.health.sa.gov.au/pehs/branches/wastewater/wastewater-products.htm>

## 5. Effluent Disposal Method

### LAND APPLICATION OF EFFLUENT:

*Please ensure that Section 6 is also completed.*

SUBSURFACE DISPOSAL

Required contact area for subsurface disposal (in square metres) \_\_\_\_\_

Plastic Tunnel

Perforated Pipe

Length(m) \_\_\_\_\_ Width(m) \_\_\_\_\_ Depth(mm) \_\_\_\_\_

Depth below natural ground surface to base of trench: \_\_\_\_\_

SUBSURFACE IRRIGATION DISPOSAL

Irrigation area required (in square metres) \_\_\_\_\_

SURFACE IRRIGATION DISPOSAL

Irrigation area required (in square metres) \_\_\_\_\_

AS/NZS 1547 LAND APPLICATION DESIGN

Type \_\_\_\_\_ Basal Area \_\_\_\_\_

Length(m) \_\_\_\_\_ Width(m) \_\_\_\_\_ Depth(mm) \_\_\_\_\_

### OTHER:

OFF-SITE DISPOSAL – Connection to CWMS or sewer

TEMPORARY ON-SITE CONTAINMENT FOR TANKER REMOVAL

Holding Tank Capacity (litres) \_\_\_\_\_

OTHER METHOD – *Please provide full details with attachments as appropriate* \_\_\_\_\_

## 6. Land Capability Assessment

*This section is relevant for applications intending land application for effluent:*

Within 50m of a well, bore, or dam used or likely to be used for human or domestic purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within 100m of the pool level of the River Murray and its lakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the 1956 River Murray and lakes flood zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Above shallow underground water supplies used for human or domestic purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Within 100m of the mean high water mark along coastal foreshore areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within 50m of a water source used for agriculture, aquaculture or stock purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In an area likely to be subject to flooding or inundation in a 1:10 year recurrent event	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SOIL REPORT:** For applications involving the land application of effluent, please provide a site and soil suitability report from a Wastewater Engineer if applicable.

DLR/DIR or EPR nominated by the Wastewater Engineer: \_\_\_\_\_

## 7. Trade Waste Discharges

- New connection                       Alteration to a system with an existing trade waste connection

Provide details of the proposed activity and processes which produce wastewater for discharge to CWMS:

---



---

Provide details of pre-treatment system (eg grease arrestor, pH correction, solid settling) including its size and capability:

---

Provide details of proposed cross connection and backflow prevention devices, where required:

---

Details of the wastewater discharge

- Gravity               Pumped              Peak flow rate (L/second): \_\_\_\_\_

*(Please attach additional information where required)*

## 8. Declaration and Signature of Owner and Applicant

The application ***must*** be signed by both the owner and applicant.

I/We hereby declare that the information provided in this application, attachments and accompanying plans are true and correct.

It is acknowledged that:

- Pursuant to Regulation 11 of the SA Public Health (Wastewater) Regulations, the plumbing contractor(s) must provide a **Certificate of Compliance** to the relevant authorities following installation of an on-site wastewater system or components.
- All work on the wastewater system must be carried out by persons licenced pursuant to the Plumbers, Gas Fitters and Electricians Act 1995.
- Penalties apply for the provision of false or misleading information or failure to install and maintain the system in accordance with approval conditions.

It is the responsibility of the applicant to ensure that the wastewater works are installed in accordance with the approved plan and relevant conditions.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST STEDS CONNECTION

- Evidence of Tank being Pumped/Desludged
- Completed Application Form
- 2 Copies** of Site Plan & Plumbing Layout 
  - Distance from Boundaries
  - Size and Location of Septic Tank
  - Drain Sizes and Locations
  - All Sanitary fittings connected to Septic Tank
  - Inspection openings to ground level
  - Fall on drains
  - Non-Standard fixtures noted 
    - Spa
    - Insinkerator
    - Other