

# Application to Construct or Install an Apparatus for the Treatment of Sewage

Health Act 1911

ABN 21 086 180 442

2 Midland Square, Midland WA 6056

Ph (08) 9267 9267 Fax (08) 9267 9444

swan@swan.wa.gov.au

www.swan.wa.gov.au

## Application Details

(please tick as appropriate)

Application is for a single effluent disposal system on a single lot for a single residence (include 2 copies of plans)

Application is for a non-residential development producing no more than 540L per day (include 2 copies of plans)

Application is for an additional (second) system or one producing more than 540L per day (include 3 copies of plans)

**Plans are to be to scales of 1:100, 1:200 OR 1:500**

## Location of Installation

Lot Number:

House Number: (Optional)

Street:

Suburb:

Postcode:

## Owner and Applicant Details

Owner's Name:

Daytime Phone:

Postal Address:

Applicant's Name:

Daytime Phone:

Email Address:

Mobile Phone:

Applicant's Address:

**Note: the approved application will be returned to the applicant only.**

## Premises Details

(please tick as appropriate)

New Development

Existing Development

Industrial

Residential

Commercial

Ancillary Accommodation

Single Dwelling

Multiple Dwellings

Other (please specify)

**No. of bedrooms:** (for residential dwellings only, includes enclosed studies)**Expected daily waste water volume:** (non residential premises only)

Litres/Day

**Is there a spa with a capacity exceeding 350 Litres:**

Yes

No

**Is there an existing effluent disposal system on site:**

Yes

No

**System Details**

(please tick as appropriate)

**Type of Apparatus**

Septic tank(s)

Diameter sizes:

Greywater system

Manufacturer and Model:

Aerobic Treatment Unit

Manufacturer and Model:

Pump tank

Diameter sizes:

Other

Please Specify:

**Type of Disposal System**

Concrete leach drains

Manufacturer and Length:

Plastic leach drains

Manufacturer and Length:

Other leach drain type

Manufacturer and Length:

Irrigation area

Area sizes:

Disposal technique:

Surface Spray

Subsoil Dripper

Substrata Dripper

Other

Please specify:

**Site Conditions**

(please tick as appropriate)

**Soil Type**

Sand

Gravel

Loam

Clay

Other Please specify:

**Depth from natural ground level to highest known water table:****Distance from natural water bodies if less 100m:****Will the system be within 30m of a bore, dam or water course used for drinking water:**

Yes

No

**Will the system be in an area subject to flooding or inundation in a 1 in 10 year event:**

Yes

No

**Declaration**

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 confirm that, to the best of my knowledge, the information provided in this application is a true and accurate reflection of circumstances.

**Applicants Full Name:****Date:**

## Additional Information for Applicants

### Required Drawings

Each application must be accompanied by the required number of drawings as indicated in the Application Details section above. Drawings are to include the following;

- Scale of drawing, either 1:100, 1:200 or 1:500
- Location of effluent disposal system and all drains and pipework
- Distance of the system from all buildings, boundaries, bores, waterway and waterbodies
- Distance of system from all trafficable areas
- Site plan to have contour lines indicating the slope of the land

### Aerobic Treatment Units

If the application is for an Aerobic Treatment Unit, a copy of the maintenance agreement between the owner and the authorised service company must also be included.

### Submission of Application

All applications are to be submitted to the City of Swan.

However the City can only approve applications for a single effluent disposal system on a single lot for a residence or other development producing no more than 540L per day. For all other applications approval will be required from the Department of Health.

Where Department of Health approval is required, the City will produce a Local Government Report and forward on the application. Please note that in these circumstances an additional copy of plans is required and there is a separate Department of Health application fee.

### Lodging this form:

In Person: City of Swan Administration Centre, 2 Midland Square, Midland

By Mail: PO Box 196, Midland WA 6936

By Email: [swan@swan.wa.gov.au](mailto:swan@swan.wa.gov.au)

### Work not to Commence until Approval Granted

Please note that it is an **offence** under Section 107(2) of the *Health Act 1911* to start work on the construction or installation of an on site effluent disposal system without approval.

### Permit to Use

When you have obtained approval, you may proceed with the construction or installation of the apparatus. However before sealing the septic tank(s) or covering the drains they must be inspected by the City and a Permit to Use issued. To arrange an inspection by an Environmental Health Officer from the City please telephone 9267 9153.

Please note that it is an **offence** under Section 107(4) of the *Health Act 1911* to use an apparatus before it has been inspected and a permit to use the apparatus issued.

### Fees:

The following fees apply:

Payable to the City of Swan either via cash, cheque, money order or credit card

- |  |                 |
|--|-----------------|
| • Application requiring City of Swan approval only             | <b>\$236.00</b> |
| • Application requiring Department of Health approval*         | <b>\$236.00</b> |
| • Re-Inspection Fee (Due to unsatisfactory or incomplete work) | <b>\$120.00</b> |

**\*Note: Applications requiring Department of Health approval are required to pay an additional fee. Please note that the Department will send out a separate invoice for this amount following referral of an application to them by the City.**

## Payment Options

### Pay in Person

Pay via cash, EFTPOS, cheque, money order or credit card at:  
Cashier at City of Swan Administration Centre,  
2 Midland Square, Midland  
between 8.00am and 4.30pm Monday to Friday.

### Pay by Mail

Send a cheque or money order payable to the City of Swan to PO Box 196 Midland WA 6936.

### Pay by Credit Card

For credit card payments not made in person please ensure your contact details (mobile/phone/email) are provided on the application form, as you will be contacted by a member of the City's Customer Experience team to arrange payment once your application has been received.

**Note:** A fee of 0.4% of the transaction value applies to all card payments.

**Please note that payment must be received before your application can be assessed.**

### Further Information:

Should you have any queries regarding any of the above, please do not hesitate to contact the City of Swan's Health Services on 9267 9153 or visit [www.swan.wa.gov.au](http://www.swan.wa.gov.au).