

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

Health Act 1911



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: _____
Street: _____
Suburb: _____ P/Code _____

Owner and Applicant Details

Owner's Name: _____
Postal Address: _____
Daytime Phone: _____

Applicant's Name: _____
Applicant's Address: _____
Email Address: _____
Mobile Phone: _____ Daytime Phone _____

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

Premises Details (please tick as appropriate)

- | | | |
|---|---|--|
| <input type="checkbox"/> New Development | <input type="checkbox"/> Existing Development | |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Single Dwelling | <input type="checkbox"/> Multiple Dwellings | <input type="checkbox"/> Ancillary Accommodation |
| <input type="checkbox"/> Other (please specify) _____ | | |

Number 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

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Septic tank(s) | Diameter sizes: _____ |
| <input type="checkbox"/> Greywater system | Manufacturer and Model: _____ |
| <input type="checkbox"/> Aerobic Treatment Unit | Manufacturer and Model: _____ |
| <input type="checkbox"/> Pump tank | Diameter sizes: _____ |
| <input type="checkbox"/> Other | Please specify: _____ |

Type of Disposal System

- | | |
|---|--|
| <input type="checkbox"/> Concrete leach drains | Manufacturer and Length: _____ |
| <input type="checkbox"/> Plastic leach drains | Manufacturer and Length: _____ |
| <input type="checkbox"/> Other leach drain type | Manufacturer and Length: _____ |
| <input type="checkbox"/> Irrigation area | Area size: _____ |
| | Disposal technique: <input type="checkbox"/> Surface Spray |
| | <input type="checkbox"/> Subsoil Dripper |
| | <input type="checkbox"/> Substrata Dripper |
| <input type="checkbox"/> 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 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 confirm that, to the best of my knowledge, the information provided in this application is a true and accurate reflection of circumstances.

Applicants Signature: _____ Date: _____

Please print full name: _____

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.

Lodgement can be made by any of the following;

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

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 **\$236.00**
- Application requiring Department of Health approval * **\$236.00**
- Re-Inspection Fee (*Due to unsatisfactory or incomplete work*) **\$114.00**

* **NB:** 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 the 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 in person, please complete the "Credit Card Payment Form" below when returning this form.

| Credit Card Payment Form | |
|--------------------------|---|
| Name as shown on Card | _____ |
| Card Holder Address | _____ |
| Type of Card | <input type="checkbox"/> Amex <input type="checkbox"/> Master Card <input type="checkbox"/> Visa |
| Signature | _____ |
| Amount \$ | _____ Expiry Date _____/_____ |
| Card No. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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.