

# 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: \_\_\_\_\_

## Owner and Applicant Details

Owner's Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

**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](mailto:swan@swan.wa.gov.au)

### Fees

The following fees apply;

#### Application requiring City of Swan approval only

- ❖ **\$236** payable to the City of Swan either via cash, cheque, money order or credit card

#### Application requiring Department of Health approval

- ❖ **\$236** payable to the City of Swan either via cash, cheque, money order or credit card

AND

- ❖ 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"/>

## 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.

## 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).