APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS FOR THE TREATMENT OF SEWAGE



HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911 HEALTH (TREATMENT OF SEWAGE AND DISPOSAL OF EFFLUENT AND LIQUID WASTE) REGULATIONS 1974

APPLICATION TYPE

This Application to Construct or Install an Apparatus for the Treatment of Sewage is intended for wastewater systems servicing a <u>single dwelling OR</u> systems expecting <u>volumes under 540L of sewage per day</u>.

Applications that do not fit into either category must complete an <u>Alternative Department of Health Application</u> to submit to the Shire of Mundaring.

LOCATION OF SYSTEM	
Lot Number	
Street Number	
Street Name	
Town or Suburb	
OWNER / APPLICANT DETAI	LS
Owner's Name	
Applicant's Name	
Applicant's Postal Address	
Suburb	Postcode:
Applicant's Phone Number	
Applicant's Email Address	
Approval	☐ Hardcopy ☐ Email
PREMISES DETAILS (RESID	ENTIAL PREMISES ONLY)
Number of Bedrooms	
Number of Persons on Premises	
Number of Dwellings on Lot	
Is this an Ancillary Accommodation?	□ No□ Yes → Shire Planning Approval Required
Spa(s) on Premises	□ No □ Yes: Volume Litres
Further Details	

PREMISES DETAILS (NON-R	ESIDENTIAL PREMISES ONLY)	
Please give details of the premises and the nature of use		
Maximum Occupancy Rate (Public Building)		
Number of Persons on Premises		
Other Volumes of Liquid Waste		
Expected Daily Wastewater Volume (Litres/Day)		
Please refer to DOH factsheet: "Supplement to Regulation 29 – Wastewater system loading rates" for requirements and details on calculating daily wastewater volumes.		
Further Details		
TREATMENT SYSTEM DETA	ILS	
☐ Greywater Reuse System – S☐ Alternative Wastewater Treatr	nent Systems – Section 5	
	PTIC TANKS TO LEACH DRAINS OR EVAPORATION PONDS	
Septic Tank Sizes		
Septic Tank Manufacturer Leach Drain Lengths		
Leach Drain Manufacturer		
Is it an Alternating System	□ Yes □ No	
Note: should the proposed product be DS Agencies Lite or Hydrocell 1.25 Layer flatbed leach drains, please be advised that a copy of the soil type for the proposed lot is to be submitted with this application. Note: Evaporation ponds require an engineer's certification, certifying the evaporation ponds are capable of disposing the total wastewater volumes that is being fed into the ponds. Please attach details and specifications of ponds with application.		
SECTION 2 – SECONDARY 1	REATMENT SYSTEM (ATU)	
Name and Model of Secondary Treatment System		
Disposal Area (m²)		
Disposal Method	☐ Surface Irrigation ☐ Substrata Irrigation	
Note: If Leach Drains are used fo	r disposal, please include the applicable information in Section 1.	
Further Details		

SECTION 3 – WASTEWATER TREATMENT PLANTS		
Please attach technical details and plant specifications with the application. The following must be covered:		
☐ Capacity	☐ Treatment train details ☐ Alarms	
☐ Volume of treatment tanks	☐ Water quality objectives ☐ Technical drawings of system	
☐ Buffer tank(s) volume(s)	☐ Maintenance	
Disposal Area (m²)		
Disposal Method	☐ Surface Irrigation ☐ Substrata Irrigation	
Further Details		
Note: Evaporation ponds require an engineer's certification, certifying the evaporation ponds are capable of disposing the total wastewater volumes that is being fed into the ponds. Please attach details and specifications of ponds with application.		
SECTION 4 – GREYWATER REUSE SYSTEM		
Name and Model of Greywater Reuse System		
Disposal Area (m²)		
Disposal Method	☐ Surface Irrigation ☐ Subsurface Irrigation ☐ Substrata Irrigation	
Further Details		
Note: If Leach Drains are used for disposal, please include the applicable information in Section 1.		
SECTION 5 – ALTERNATIVE WASTEWATER TREATMENT SYSTEMS		
Please attach system's technical s	specifications from the manufacturer with application.	
Further Details		
SYSTEM AND SITE LAYOUT	PLANS	
Unless the following are provided according to the requirements specified, the application will be returned to the applicant for resubmission: A copy of plan and specifications of the proposed apparatus showing the top and longitudinal section to scale of not less than 1:50		
☐ 3 copies of site plan of the premises to scale not less than 1:100, showing;		
the position of all buildings erected or proposed and the position of the proposed and any		
existing apparatus including setback distances; and ☐ the position, type and proposed use of all fixtures intended to discharge into the apparatus; and ☐ the position and setback distances of all drains, pipes, inspection openings, vents traps and junctions in relation to buildings and boundaries; and ☐ the size of pipes and fittings and the fall of the drains; and		
details of the proposed and any existing effluent disposal system and its setback distances to		
buildings, boundaries and trafficable areas; and the source of water supply to be used in connection with the apparatus if premises is not		
supplied by a non-reticulated mains supply.		

SITE AND SOIL EVALUATION

Where required, site and soil evaluation should be provided in accordance with AS/NZS 1547 *On-site domestic wastewater management*. The requirements of the site and soil evaluation may be varied, based on existing site information or where health or environmental impacts are considered minimal. A SSE is a written report that examines the various aspects of a site in relation to sewage collection, treatment and on-site disposal to ensure adequate management over time. For more details please refer to the <u>Guidance on Site-and-soil evaluation for on-site sewage management</u>.

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 have completed the appropriate sections of this application form and provided plans that meet the requirements as detailed under 'System and Site Layout Plans'

Applicant's Signature: Date:

PLEASE REFER TO REAR OF FORM FOR PAYMENT OPTIONS

PLEASE SUBMIT THIS FORM TOGETHER WITH THE FOLLOWING PAYMENT 1. Payment in Person 2. Payment by Mail Shire Administration Office Shire of Mundaring 7000 Great Eastern Highway, Mundaring 7000 Great Eastern Highway Cashier Hours 9:00am - 4:15pm Mundaring WA 6073 (Monday-Friday) **PAYMENT OPTIONS** Do not send cash in the mail. Cheques are to be made payable to the Shire of Mundaring. Credit Card payments are to be made by filling out the credit card authorisation below. **APPLICABLE FEES** \$118 Application to Construct or Install an Apparatus for the Treatment of Sewage \$118 Permit to Use Apparatus **CREDIT CARD PAYMENT AUTHORISATION** MasterCard Credit Card Type: Visa 🔲 Fee: \$236 Card Number: Expiry Date: __ _ / __ _ _____ Cardholder's Signature: ____ Cardholder's Name: Date: _____ Contact Number: ___ NB: Your signature hereon is authority for us to issue a sales receipt for the amount shown in the space provided above.

Should you have any queries, please email shire@mundaring.wa.gov.au or telephone the Shire's Health Service by calling 9290 6742.