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ON-SITE WASTEWATER WORKS

RECORD NO :
 FILE NO : 5.71.6

APPLICATION FORM

Pursuant to the SA Public Health (Wastewater) Regulations 2013, 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 Ageing **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 https://www.sahealth.sa.gov.au/wps/wcm/connect/ba6ead0048f0d8ab828287f25a3eb7d6/2013SAHealth_On-site_Wastewater_Systems_Code_April.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ba6ead0048f0d8ab828287f25a3eb7d6-n-FSRDd

Each application must include **two copies** of a detailed sanitary plumbing and drainage lay-out (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 40EP or connection to a Community Wastewater Management System (CWMS)
- The South Australian Department for Health and Ageing 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

APPLICANT			
NAME			
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

OWNER			
If the applicant is not the owner			
NAME			
ADDRESS		POSTAL	
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

PREMISES DETAILS							
Location of installation							
HOUSE NUMBER		LOT NUMBER		SECTION NUMBER		CT NUMBER	
STREET NAME				SUBURB/TOWN			
PROPERTY DESCRIPTION	<input type="checkbox"/> DWELLING		<input type="checkbox"/> UNITS		<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> OTHER
RESIDENTIAL PREMISES OCCUPANCY (Number of persons)		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	<input type="checkbox"/> RETICULATED MAINS WATER <input type="checkbox"/> ROOF CATCHMENT/ STORAGE OR CARTED SUPPLY <input type="checkbox"/> OTHER (Please specify) _____						
NON-STANDARD FIXTURES	<input type="checkbox"/> FOOD WASTE DISPOSAL UNIT <input type="checkbox"/> SPA BATH CAPACITY (Litres) _____						

PROPOSED TYPE OF WORKS	
<input type="checkbox"/> NEW SYSTEM	
<input type="checkbox"/> 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: _____ _____	
<i>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.</i>	
TYPE OF SYSTEM	<input type="checkbox"/> ON-SITE DISPOSAL
	<input type="checkbox"/> CWMS CONNECTION
	<input type="checkbox"/> SEPTIC TANK Capacity _____ Make _____
	<input type="checkbox"/> AEROBIC <input type="checkbox"/> GREY WATER DIVERSION <input type="checkbox"/> SAND FILTER <input type="checkbox"/> GREY WATER TREATMENT <input type="checkbox"/> REED BED <input type="checkbox"/> COMPOSTING TOILET Make _____ Model _____
	<input type="checkbox"/> OTHER (Please specify) _____
	<input type="checkbox"/> PUMP Make _____ Model _____ Sump Capacity _____ Type & Location of Alarm _____
	<input type="checkbox"/> TRADE WASTE – Please refer to “Trade Waste Discharges” section Please ensure that all nominated systems and components are on the Department for Health and Ageing Approved Products List: SA Health Wastewater Products

EFFLUENT DISPOSAL METHOD

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

LAND CAPACITY ASSESMENT

This section is relevant for applications intending land application for effluent

	YES	NO
Within 50m of a well, bore, or dam used or likely to be used for human or domestic purposes	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
Within 100m of the pool level of the River Murray and its lakes	<input type="checkbox"/>	<input type="checkbox"/>
Within the 1956 River Murray and lakes flood zone	<input type="checkbox"/>	<input type="checkbox"/>
Above shallow underground water supplies used for human or domestic purposes	<input type="checkbox"/>	<input type="checkbox"/>
Within 100m of the mean high water mark along coastal foreshore areas	<input type="checkbox"/>	<input type="checkbox"/>
Within 50m of a water source used for agriculture, aquaculture or stock purposes	<input type="checkbox"/>	<input type="checkbox"/>
In an area likely to be subject to flooding or inundation in a 1:10 year recurrent event	<input type="checkbox"/>	<input type="checkbox"/>

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

TRADE WASTE DISCHARGES	
Attach additional information where required	
<input type="checkbox"/> NEW CONNECTION <input type="checkbox"/> ALTERATION TO A SYSTEM WITH AN EXISTING TRADE WASTE CONNECTION	
PROPOSED ACTIVITY & PROCESSES WHICH PRODUCE WASTEWATER FOR DISCHARGE TO CWMS	
PRE-TREATMENT SYSTEM (e.g. grease arrestor, pH correction, solid settling) INCLUDING SIZE & CAPABILITY	
PROPOSED CROSS CONNECTION & BACKFLOW PREVENTION DEVICES WHERE REQUIRED	
WASTEWATER DISCHARGE	<input type="checkbox"/> GRAVITY <input type="checkbox"/> PUMPED Peak flow rate (L/second) _____

DECLARATION	
<p>The application <i>must</i> be signed by both the owner and applicant.</p> <p>I / We hereby declare that the information provided in this application, attachments and accompanying plans are true and correct.</p> <p>It is acknowledged that:</p> <ul style="list-style-type: none"> • 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 licensed 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. <p>It is the responsibility of the applicant to ensure that the wastewater works are installed in accordance with the approved plan and relevant conditions.</p>	
OWNER SIGNATURE	DATE
APPLICANT SIGNATURE	DATE