

Checklist: Lodging an On-site Effluent Disposal System

Has the following been provided?

Completed application form, including all details of the type of system, size, waste water volumes.	
Copy of a floor plan, showing exact location of all fixtures and fittings.	
Copy of the property site plan, showing all buildings, boundaries and structures.	
Signed Maintenance Agreement (if lodging an application for an Aerobic Treatment Unit/ATU).	
ATU system specifications/Department of Health Approval Conditions.	
Correct fees (total of \$236 for a new system; \$118 when connecting into an existing system).	

If lodging a commercial onsite effluent disposal application, in addition to the above:

Has all the information detailed in the "Guidelines on Applying for Commercial Waste Water Systems" been prepared and provided.	
If the waste water volume per day is greater than 540L, has the Department of Health Application Fee of \$72.00 been paid, and the receipt number been included.	

Note: All the above information is required to lodge an application. An incomplete application will be returned to you.

Contact Us

Enquiries

Call: (08) 9526 1111
Fax: (08) 9525 5441
Email: info@sjshire.wa.gov.au

In Person

Shire of Serpentine Jarrahdale
6 Paterson Street, Mundijong WA 6123
Open Monday to Friday 8.30am-5pm (closed public holidays)



www.sjshire.wa.gov.au

**Health (Miscellaneous Provisions) Act 1911****Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974****Application to construct or install an apparatus for the treatment of sewage****1. Application Details**

Read the application instructions in Appendix 1 before filling in this form.

Referring to Figure 1 in the Appendix 1, this is an application to:

Local Government → Proceed to Section 2	
Chief Health Officer. Receipt number required for the payment of \$72.00 before this application is forwarded to the Department of Health WA. Refer to Appendix 2 for payment instructions.	
Receipt Number for the payment of \$72.00: _____ Note: Applications without a receipt number will be returned to applicant.	

Proceed to Section 2**2. Location of System**

Lot Number:	House Number:
Street Name:	
Town or Suburb:	
Nearest crossroad:	
Local Government (City/Town/Shire):	
Minesite (include Minesite name, GPS coordinates and sub-locations):	

Proceed to Section 3**3. Owner Details**

Owner's Name:
Owner's Email Address:

**3.1 Applicant Details**

Applications can only be submitted by;

Conventional Septic System	Alternative Systems	Grey Water Systems
The plumber	Only the Department of Health approved installer	The plumber
The builder		
Earthworks contractors and / or drainers		

Name of Applicant:	
Applicants Postal Address:	
Suburb:	Postcode:
Applicants Phone Number:	
Applicants Email Address:	

Proceed to Section 4**4. Premises Details**

Residential Premises → Proceed to Section 4.1
Non-Residential Premises → Proceed to Section 4.2

4.1 Residential Premises

Number of bedrooms:	Number of persons on premises:		
Number of other dwellings on the lot:			
Is this an ancillary accommodation:	No	Yes → LG Planning approval required.	
Spa(s) on premises:	No	Yes: Volume _____ Litres.	
Number of other dwellings on the lot:			
Note:			

Proceed to Section 5



4.2 Non-Residential Premises

Please give details of the premises and the nature of use:
Public buildings - please detail the licensed maximum occupancy rate: _____ persons.
Number of persons on premises and any other volumes of liquid waste generated onsite:

If there are different uses of the premises (eg. office, workshop, visitors), please indicate the number of persons for each category of use. Refer to DOH factsheet: "Supplement to Regulation 29 – Wastewater system loading rates" for details on calculating daily wastewater volumes.

Expected Daily Wastewater Volume: _____ Litres/Day.
Note:

Proceed to Section 5

5. Treatment System Details

Standard Septic Tank to Leach Drains or Evaporation Ponds → Proceed to Section 5.1.
Aerobic Treatment Unit (Listed on DOH website's approved list) → Proceed to Section 5.2.
Wastewater Treatment Plants (includes commercial ATUs) → Proceed to Section 5.3.
Greywater Reuse System → Proceed to Section 5.4.
Alternative Wastewater Treatment Systems → Proceed to Section 5.5.

5.1 Standard Septic 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	



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 provide details and specifications of ponds with application.

Proceed to Section 6**5.2 Aerobic Treatment Unit**

Name and Model of Aerobic Treatment Unit:					
Disposal Area: _____ m ²					
Disposal Method:	Surface Irrigation		Subsurface Irrigation		Substrata Irrigation
Copy of maintenance agreement attached?			Yes		No → Required.
If leach drains are used for disposal, please complete dot point 3-5 in Section 5.1.					

Proceed to Section 6**5.3 Wastewater Treatment Plants**

Please attach technical details and plant specifications with application. The following must be covered:					
Capacity		Water quality objectives			
Volume of treatment tanks		Maintenance			
Buffer tank(s) volume(s)		Alarms			
Treatment tank details		Technical drawings of the system			
Disposal Method:	Surface Irrigation		Subsurface Irrigation		Substrata Irrigation
Disposal Area Size: _____ m ²					
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 provide details and specifications of ponds with application.					
Note:					

Proceed to Section 6**5.4 Greywater Reuse System**

Name and Model of Greywater Reuse System:					
Disposal Method:	Surface Irrigation		Subsurface Irrigation		Substrata Irrigation



Disposal Area Size: _____ m ²
If leach drains are used for disposal, please complete dot point 3-5 in Section 5.1.
Note:

Proceed to Section 6

5.5 Alternative Wastewater Treatment Systems

Filtrex → Attach system's technical specifications from the manufacturer with application.	
--	--

Proceed to Section 6

6. Information for Government Sewerage Policy Compliance Assessment

Lot Size: _____ m ²
Are there any existing on-site effluent disposal systems on the lot:
<input type="checkbox"/> No <input type="checkbox"/> Yes → please provide the following information:
Local Government or Department of Health approval number(s) for all existing system(s).
Please provide current details on the following:
• The use(s) of all other premise(s).
• Total number of persons that will occupy all other premises on the lot.
• Estimate total wastewater volumes that is being disposed on-site.

7. System and Site Layout Plans

Unless the following are provided according to the requirements specified the application will be returned to applicant for resubmission:
A copy of plan and specifications of the proposed apparatus showing the top and longitudinal section to a scale of not less than 1:50.
2 copies of a site plan of the premises to a scale not less than 1:100, showing:
<ul style="list-style-type: none"> • the position of all buildings erected or proposed and the position of the proposed and any existing apparatus including setback distances. • the position, type and proposed use of all fixtures intended to discharge into the apparatus. • the position and setback distances of all drains, pipes, inspection openings, vents, traps and junctions in relation to buildings and boundaries. • the size of pipes and fittings and the fall of the drains. • 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.

Applications to the Chief Health Officer: For plans that are larger than A3, an electronic copy will need to be provided in a data disc with application OR via email to **WWApps@health.wa.gov.au** together with the receipt/receipt number for the \$72.00 issued by the Department of Health WA. The premises address is to be identified in the email "Subject" field.

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 Section 1-6 of this application form and provided plans that meet the requirements detailed in Section 7.

Also attached (if required) is a local government report for an application to the Chief Health Officer.

Applicants signature:	Date:
Please print name:	

(If this application is to be approved by the CHO, please ensure the \$72.00 application fee is paid prior to submission – Refer to Appendix 1 and 2 for further details).

**Local Government Report**

(To be provided where an application to construct or install an apparatus is made to the Chief Health Officer (local government use only))

Applicant/Location Details			
Owners Name:		Applicants Name:	
Street:		Town or Suburb:	
Lot/Pt Lot No:	House No:	Local Government:	

Site Conditions				
Nature of soil:	Sand	Gravel	Loam	Clay
Other, specify:				
Depth from natural ground level to highest known permanent/seasonal or tidal water table (mm):				
Distance from natural water bodies: metres.				
Will the apparatus be installed in any of the following locations:				
Within 30m of a well, bore, watercourse, dam intended to be used for human consumption	Yes	No		
In an area likely to be subject to flooding or inundation in a 1:10 year return event:	Yes	No		
If yes to any of the above, course of action taken:				
Is the information on Section 6 of the application form correct?	Yes	No		
Does the proposed development comply with the Government Sewerage Policy?	Yes	No		

Recommendations of Local Government	
Approval recommended (subject to the conditions listed below)	
Approval not recommended (reasons for refusal attached)	

Conditions of Approval	
Type of Disposal System and Dimensions (if different from application form):	
Other Conditions:	
(Any further conditions should be attached)	
Delegate of Local Government:	
Local Government Approval No:	Date:



Appendix 1

Instructions for completing application form:

- Complete Sections 1-8 in full.
- Ensure plans and drawings are according to the specifications detailed in Section 7 of the application form.
- Ensure relevant application fees detailed in Appendix 2 are paid.
- Should you need assistance, contact your Local Government's Environmental Health Officer.

For applications to the Chief Health Officer ONLY:

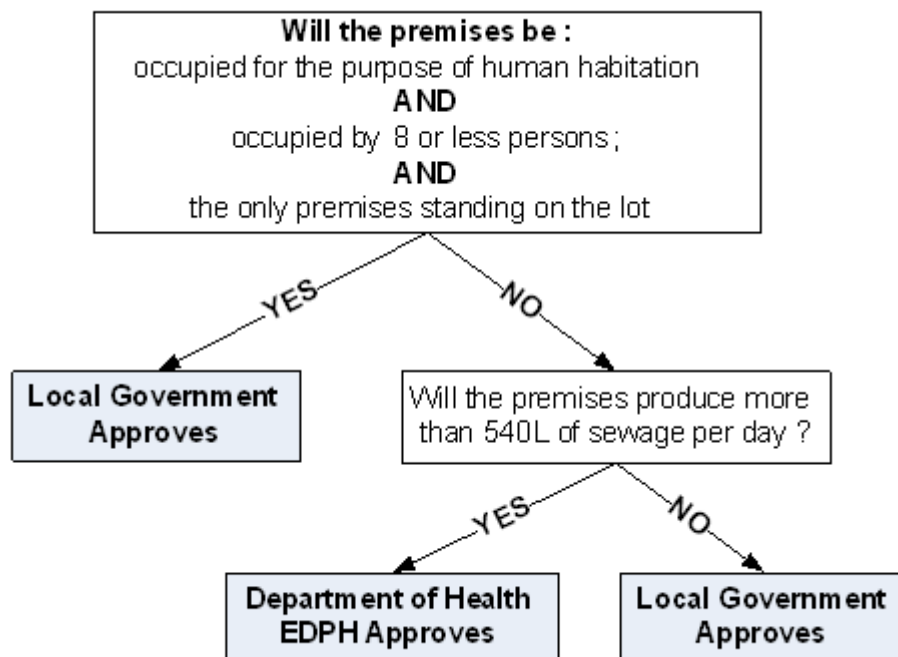
- Ensure you have recorded your receipt number for the payment of \$72.00 in Section 1 of the application form.
- To submit your application you can either email to WWApps@health.wa.gov.au
- Send by post to:

**Water Unit
Environmental Health Directorate
Grace Vaughan House
PO Box 8172
PERTH BUSINESS CENTRE WA 6849**

Compliance with regulations:

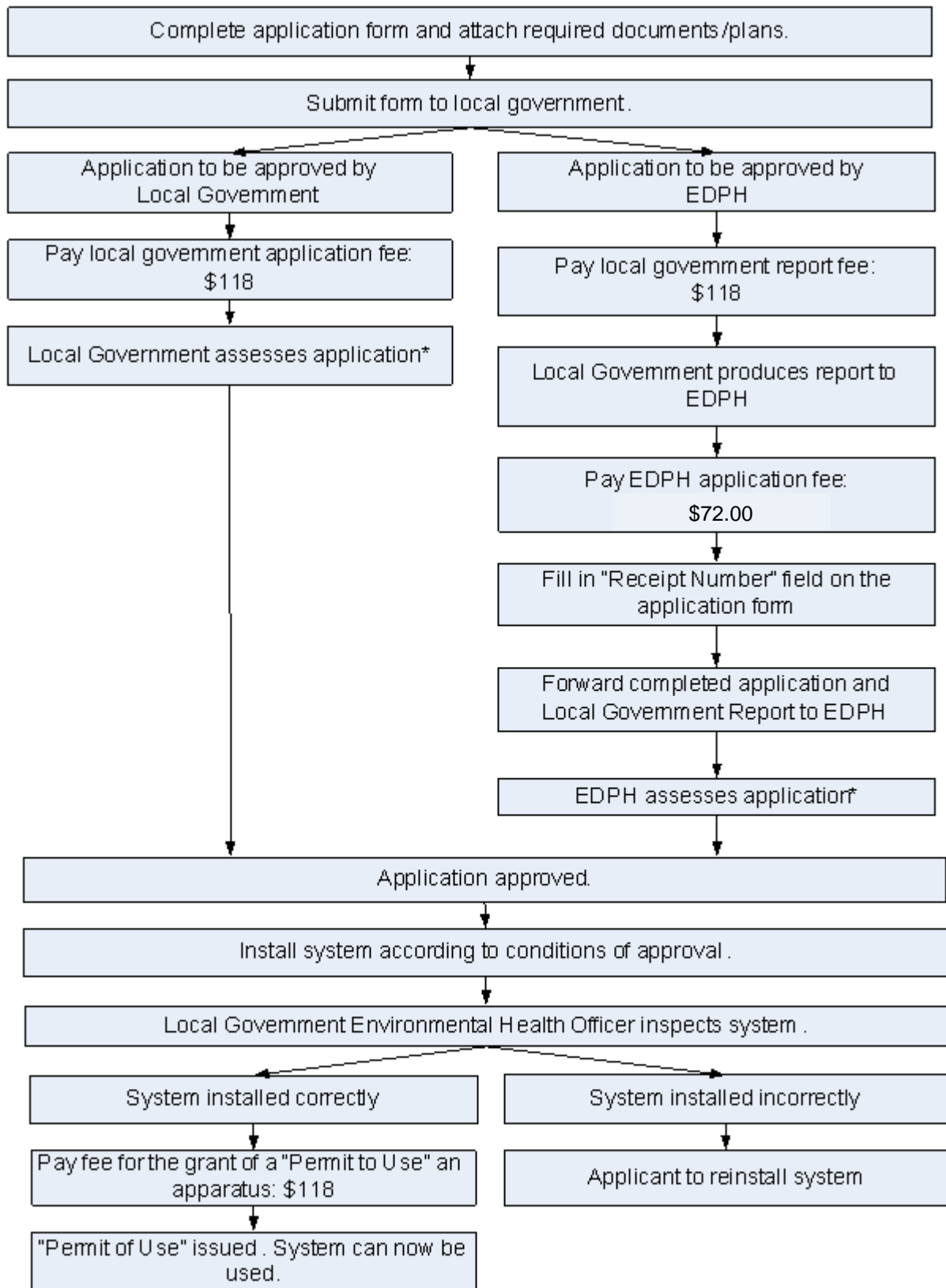
- Construction of the apparatus shall be in accordance with the requirements of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974.
- Approval will not be given for the installation of an apparatus where sewer connection is available as provided for by either section 72 or section 81 of the Health (Miscellaneous Provisions) Act 1911.

Who approves your application? (Figure 1)





The Application Process (Figure 2)



*Unapproved applications will be returned to applicant with reasons for refusal included.

**Appendix 2**

The following fees will apply:	
Local government application fee (paid to local government)	\$ 118.00
AND (when CHO approval is required)	
Health Department of WA application fee:	
(a) with a local government report.	\$72.00
(b) without a local government report*:	\$110.00
Local government report fee recommended fee (This fee is set by the local government and paid to the local government).	\$190.00
When the application is approved:	
Fee for the grant of a permit to use an apparatus (including all inspections).	\$118.00
Fee for re-inspection of non-complying installation – per hour	\$109.50
Fee for re-inspection of non-compliance with health notice works orders – per hour	\$109.50

*only permitted when local government fails to provide a local government report within 28 days of request.

For applications to the Chief Health Officer, the \$72.00 application fee can be made through the following options:
Option 1: By telephone Ring (08) 9388 4999 and request to be put through to the “Accounts Officer”.
Option 2: By email Complete “Payment Form” overleaf and email the Payment Form Only to BUadminsUPPORT.ehd@health.wa.gov.au
Option 3: By cheque Send cheque with the completed “Payment Form” overleaf to: Accounts Officer Business Unit (Grace Vaughan House) Environmental Health Directorate PO Box 8172 PERTH BUSINESS CENTRE WA 6849
Note: Processing times for cheques may take up to 10 business days before a receipt number can be issued. You will not be able to submit your application form without a receipt number.



For use when lodging an application to the Shire of Serpentine Jarrahdale

Payment Options:

Option 1

Payment may be made by either cash or cheque, made payable to the Shire of Serpentine Jarrahdale

Option 2

To pay by credit card, telephone 9526 1111 with your credit card details,

OR

Complete the details below and send in with the application:

Amount:
Name on Card:
Card Number:
CCV (3 Digit number on back of credit card):
Expiry Date:
Signature:

Note: If your application is required to be submitted to the Department of Health, please also fill out the Payment Form to the Chief Health Officer, on the following page.



For use when lodging an application to the Chief Health Officer Only

**Payment Form for the application to install or construct an apparatus for the
treatment of sewage**

Application Fee \$72.00

Applicant's Name/Organisation:	
Return Postal Address for receipt to be sent:	
Name:	
Address:	
Suburb:	Post Code:
Your return email:	

Payments by credit card: Fill in credit card details below

Card Type:									
Bankcard		MasterCard		Visa		Amex		Diners	

Credit Card Number

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------