

APPLICATION TO INSTALL A PERMANENT GREYWATER SYSTEM IN SOUTH AUSTRALIA



Environmental Health Service

Department of Health
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SA Water administers the South Australian *Sewerage Act 1929* which applies to areas where SA Water has a mains sewerage system available. These are known as “proclaimed drainage areas”. Areas where an SA Water sewerage system is not available are the sole responsibility of the local government authority and or the Department of Health.

SA Water requires that all applications for permanent greywater systems are submitted to the Department of Health for initial assessment. The application will then be forwarded to SA Water for its separate consideration and response if the system is within a proclaimed drainage area.

ALL SECTIONS OF THE FORM MUST BE COMPLETED AND THE PLAN INDICATED IN SECTION 4 SUPPLIED.

PLEASE NOTE THE FOLLOWING:

- **ALL PRODUCTS USED FOR GREYWATER DIVERSION AND TREATMENT WILL REQUIRE DEPARTMENT OF HEALTH PRODUCT APPROVAL PRIOR TO INSTALLATION IN SOUTH AUSTRALIA.**
- **ALL WORK ON GREYWATER SYSTEMS MUST BE CARRIED OUT BY PERSONS LICENSED PURSUANT TO THE PLUMBERS, GASFITTERS AND ELECTRICIANS ACT, 1995. DETAILS OF THE INSTALLER MUST BE SUPPLIED ON THIS FORM BELOW.**

1. INSTALLATION SITE DETAILS

OWNERS NAME: _____

HOUSE NO/ LOT NO. _____ CT REFERENCE: _____

STREET: _____ TOWN OR SUBURB: _____

LOCAL GOVERNMENT (City/Town/ Council): _____

2. APPLICANT / INSTALLER DETAILS

APPLICANT'S NAME: *(To whom the approval will be issued)*

ADDRESS: _____

POSTCODE: _____ TELEPHONE NO: _____

MOBILE: _____ EMAIL: _____

LICENSED PLUMBING CONTRACTOR'S NAME: _____

ADDRESS: _____

POSTCODE: _____ TELEPHONE NO: _____

MOBILE: _____ EMAIL: _____

PLUMBING LICENCE NO. _____

3. PREMISES DESCRIPTION

NEW EXISTING SINGLE DWELLING MULTIPLE DWELLING

OTHER (Please specify) _____

NUMBER OF PERSONS TO USE THE SYSTEM ON A DAILY BASIS: _____

NON-RESIDENTIAL PREMISES (expected daily greywater volume): _____ Litres/day

WATER SUPPLY TO PREMISES:

RETICULATED DRINKING WATER BORE WATER RECYCLED WATER

OTHER (Please specify) _____

4. SYSTEM DESCRIPTION

Please attach a plan showing the site boundaries, buildings, land contours, plumbing drainage system layout including plumbing fixtures to be diverted to the greywater system and the bypass device used for diversion to the sewer.

SA Water's drinking water supply is not to be interconnected or introduced to the grey water system without the installation of a suitable backflow device to protect the Corporation's drinking water supply. Backflow prevention devices shall comply with AS/NZS 2845.1.

NOTE: The location of the required backflow prevention device for protection of the SA Water drinking water supply must also be shown.

TYPE OF APPARATUS: DIVERSION DEVICE FULL TREATMENT SYSTEM

OTHER (Please specify) _____

MANUFACTURER'S NAME: _____

NAME OF SYSTEM or DEVICE: _____ MODEL: _____

SYSTEM RECEIVING DISCHARGE FROM: BATHROOM LAUNDRY KITCHEN

Method by which greywater not required for diversion and reuse which will be directed to the sewerage system (eg inbuilt bypass)

5. SOIL DETAILS

PLEASE ATTACH ENGINEER'S REPORT (REQUIRED FOR SUB SURFACE DISPOSAL SYSTEMS)

The report is to indicate the hydraulic flow, area requirements and any other details required by the consultant to ensure long term greywater disposal can be achieved.

6. DISPOSAL/REUSE SYSTEM

NOTE: The surface irrigation of non treated greywater from a permanent greywater system is not allowed.

SUB SURFACE SURFACE

DIMENSIONS: LENGTH(S) _____ WIDTH(S) _____ TOTAL AREA _____ m²

(Please attach site plan showing irrigated areas)

7. SETBACK DISTANCES

IS THE IRRIGATION SYSTEM ...? (Please indicate = Yes or = No)

- Within 50m of a well, bore, dam used or likely to be used for human or domestic purposes.
- 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.
- Within 100m of the pool level of the River Murray and Lakes.
- Within the 1956 River Murray and Lakes flood zone.
- Above shallow underground water supplies used for human or domestic purposes.
- Within 100m of the mean high water mark along coastal foreshore areas.
- Within 50m of a water source used for agricultural, aquacultural or stock purposes.
- In an area likely to be subject to flooding or inundation in a 1:10 year return event.

NOTE: Setbacks from buildings and boundaries apply. Please refer to the Fact Sheet *Installation of Permanent Onsite Domestic Greywater Systems*.

Penalties apply for the provision of false or misleading information or failure to install and maintain the system in accordance with approval conditions.

Where the applicant is not the owner both the owner and applicant's signatures are required for approval to be given. The owner should ensure that this form is completed **BEFORE** signing. All applications must be accompanied with the appropriate fee. Please contact the Department of Health for details on 8226 7100.

I / We hereby declare that to the best of my knowledge the information provided in this application, attachments and accompanying plans is true and correct.

Owner's signature: _____ Date: _____

Applicant's signature: _____ Date: _____