

APPLICATION TO INSTALL A SEPTIC TANK SYSTEM

To obtain the necessary information to complete this application form, you will need to refer to the South Australian Health Commission Code **WASTE CONTROL SYSTEMS - STANDARD FOR THE CONSTRUCTION, INSTALLATION AND OPERATION OF SEPTIC TANK SYSTEMS IN SOUTH AUSTRALIA**.

If you intend to use an aerobic sand filter or aerobic wastewater treatment system as an alternative for treating and disposing of septic tank effluent you will also need to refer to **SUPPLEMENTS A or B** and obtain the relevant application form.

The **STANDARD** and **SUPPLEMENTS** can be purchased from any council office or the Environmental Health Service office of the Department of Health.

Failure to provide the correct information, which must include a detailed assessment of the land capability of the site (i.e. suitability of the site for treatment/disposal of septic tank effluent) will result in approval delays.


A fee (as determined by the relevant authority) and **two copies** of the detailed building plan and site plan (refer to Chapter 3 of the STANDARD) must accompany the application for **each** septic tank.

For details regarding the fee and method of payment, please contact the relevant authority, i.e.:

- the local council for the area where the system is to be installed;
- or, in areas of the State **not** under local government control, the Minister for Health. Please contact the Environmental Health Service, Department of Health, telephone 8226-7100.

PLEASE PRINT CLEARLY

Property's Certificate of Title (CT) Number _____



**Government
of South Australia**

SA Health

OFFICE USE ONLY

Registration No: _____

1. LOCATION OF INSTALLATION

Refer to Chapter 3 of the STANDARD for further information.

Street _____ Township or Suburb _____

Street number _____ Lot or Pt. Lot Number _____

Where the installation is not located in a defined township, please provide a location plan with clear directions and the following information ...

Hundred of _____ Section or Pt. Section _____

2. OWNER / APPLICANT DETAILS

Refer to Chapter 3 of the STANDARD for further information.

Owner's name _____

Owner's address _____

Township or Suburb _____ Postcode _____ Telephone _____

Where the person completing this application is not the owner, please provide applicant details ...

Applicant's name _____

Applicant's address _____

Township or Suburb _____ Postcode _____ Telephone _____

Tick as appropriate Builder Plumber Other (please specify) _____

3. PREMISES & SYSTEM DETAILS

Refer to Chapters 3, 5, 6 and 7 of the STANDARD for further information.

PREMISES DESCRIPTION (i.e. house, flats/units, offices etc.) _____ Number of persons _____

For units/flats etc.	Number of units/flats	Number of bedrooms and persons per unit/flat
(e.g. 3 units with 2 bedrooms and		
1 unit with 3 bedrooms =		
9 bedrooms and 18 persons),		

INFORMATION REQUIRED TO CALCULATE DISPOSAL SYSTEM REQUIREMENTS (Tick as appropriate)

Refer to Chapter 7 of the STANDARD.

Water supply to premises

- Reticulated mains water (includes any supply from dam or river) Roof catchment or storage or carted supply

Occupation conditions

- Full-time occupation Intermittent occupation (no reduction in system size permitted for intermittent use)

NON-RESIDENTIAL PREMISES

If additional information is required to assist in approval, please attach details on a separate sheet - e.g. anticipated frequency of use for hotel/motel.

Refer to Chapter 11, Table 1 of the STANDARD to determine requirements for variable use conditions.

For Constant use - state TOTAL NUMBER of persons using the system _____

For Variable use - state TOTAL NUMBER of persons using the system EACH DAY over a 7 day period (highest number over 12 months) and indicate below the number for each day.

Sun.	Mon	Tues.	Wed.	Thurs.	Fri.	Sat.
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4. NON-STANDARD FIXTURES TO BE INSTALLED

Refer to Chapter 5 of the STANDARD for further information. (Tick and indicate number as appropriate)

- Food waste disposal unit Spa bath Please state capacity (litres) _____
- Other Provide details _____

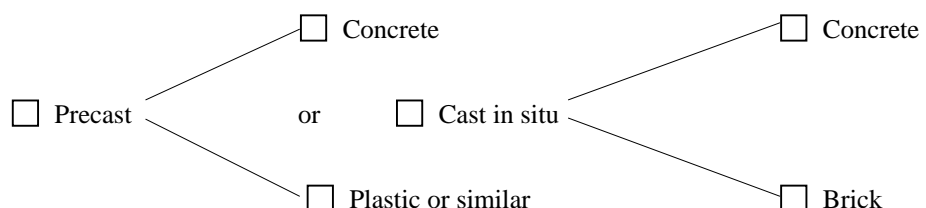
The relevant authority may require additional information such as hydraulic flows for other non-standard fixtures.

5. SEPTIC TANK TO BE INSTALLED

Refer to Chapters 5 and 6 of the STANDARD for further information. (Tick as appropriate)

Type All waste Sewage only (separate application is required for sullage wastewater treatment system)

Type of construction



Effective capacity of the septic tank (litres) _____

6. LAND CAPABILITY ASSESSMENT DETAILS

Refer to Chapter 7 of the STANDARD for further information.

SITE DETAILS

Land slope (percentage gradient) _____ Flooding frequency (e.g. once in 7 years) _____

Depth to permanent/seasonal or tidal water table (mm) _____ Depth to bedrock (mm) _____

SOIL CLASSIFICATION

Attach details of soil classification assessment, providing a description of the soil at each horizon taken to a depth of three (3) metres, or 500mm beyond the intended level of the base of the selected soil horizon for the subsurface disposal system - whichever is the greater. The description should include an indication of the likely permeability of each soil horizon and its suitability for the proposed disposal system. Several test boreholes should be taken within the area of the proposed soakage system. The test holes shall be identified and their location indicated on a site plan.

SOIL PERMEABILITY (percolation)

Where the soil assessment indicates a soil type such as clay or where it is known that the soil type is unlikely to be suitable for long term effluent disposal, recognised percolation tests (e.g. **Static or Falling Head Tests** using 100mm diameter bore holes) should be carried out in the area and within the selected soil horizon where the disposal system is to be located. The test holes shall be identified and their location indicated on a site plan.

Attach results of percolation tests carried out using a recognised test method, or show results below:

Test method (tick as appropriate) Static Head Test or Falling Head Test

Duration of pre-soaking (hours) _____ Depth of water used to conduct test (mm) _____

Diameter of test hole (mm)

Test hole number	1	2	3	4	5
Depth test taken (mm)					
Results (mm/hr) See NOTE					

NOTE: Only record results when fall rate is constant.

Please provide certification from a geotechnical engineer that the installation and operation of the subsurface disposal system will not have any impact on the structural integrity of the building(s) on the site or adjoining sites.

CALCULATION OF REQUIRED CONTACT AREA FOR SUB-SURFACE DISPOSAL

Refer to Chapter 7 of the STANDARD for information on calculating required contact area.

Effluent percolation rate as calculated (in litres/square metre/day) _____

Required contact area for sub-surface disposal as calculated (in square metres) _____

PROXIMITY TO A WATER SOURCE

Is the proposed effluent disposal system to be installed in any of the following locations? (tick as appropriate)

- Within 50m of a well, bore, dam used or likely to be used for human or domestic purposes. Yes No
- 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. Yes No
- Within 100m of the pool level of the River Murray and Lakes. Yes No
- Within the 1956 River Murray and Lakes flood zone. Yes No
- Above shallow underground water supplies used for human or domestic purposes. Yes No
- Within 100m of the mean high water mark along coastal foreshore areas. Yes No
- Within 50m of a water source used for agricultural, aquacultural or stock purposes. 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 one of the above, please provide full details including location, depth and measurements with the application.

7. DISPOSAL METHODS

Refer to Chapter 7, of the STANDARD for further information (Tick as appropriate)

SOAKAGE TRENCH or **SOAKAGE BED** See NOTES 1 & 2 below regarding licence requirements.

Type used Plastic tunnel Perforated pipe

Length (metres) _____ Width (mm) _____ Depth* (mm) _____

*Depth of trench or bed used to calculate the contact area.

Depth below natural ground surface to top of trench or bed (mm) _____

SOAKAGE WELL

Depth below inlet (mm) _____ Diameter of excavation (mm) _____

Number of wells _____ Contact area provided by each well (square metres) _____

NOTE 1:

A licence may be required pursuant to the Environmental Protection Act from the Environment Protection Agency. In situations where the treatment and disposal system is situated in a Water Protection Area and the system size is greater than 100 persons, or 1000 persons for systems in other areas.

NOTE 2:

A permit may be required pursuant to the Water Resources Act from the Environment Protection Agency or Water Catchment Board for any system that may have an impact on water quality.

OFF-SITE DISPOSAL (tick as appropriate)

Septic tank effluent disposal scheme

Temporary on-site containment for tanker removal from site. State capacity of storage sump (litres) _____

OTHER METHOD Please provide full details with attachments as appropriate.

PUMP SUMP & PUMP

Where a pump sump and pump is required to lift the effluent from the septic tank to the effluent disposal system, please provide details.

Pump sump materials and method of construction _____

Capacity of pump sump (litres) _____ Type of pump _____

Type and location of alarm _____

8. DECLARATION & SIGNATURE OF OWNER & APPLICANT

Refer to the STANDARD for further information.

NOTES: All work on the waste control system must be carried out by persons licensed pursuant to the Plumbers, Gasfitters 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.

Where the applicant is NOT the owner, then BOTH the owner's signature and the applicant's signature are required, otherwise approval will be delayed. The owner should ensure that this form is completed BEFORE signing.

All applications must be accompanied with the appropriate fee. Please contact the relevant authority for details.

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

Owner's signature _____ Date _____

Applicant's signature _____ Date _____