

# APPLICATION TO INSTALL AN AEROBIC WASTEWATER TREATMENT 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** and **SUPPLEMENT B**.

These publications 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. its suitability for disposal of reclaimed water) 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 and Section 8 of SUPPLEMENT B) must accompany the application for **each** septic tank and aerobic wastewater treatment system.

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**

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SA Health

**OFFICE USE ONLY**

Registration No. \_\_\_\_\_

## 1. LOCATION OF INSTALLATION

Refer to Chapter 3 of the STANDARD and Section 8 of SUPPLEMENT B 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 and Section 8 of SUPPLEMENT B 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) \_\_\_\_\_



## PUMP SUMP & PUMP

Where a pump sump and pump is required to lift the effluent from the septic tank to the aerobic sand filter system, please attach full details as outlined in Chapter 7 of the STANDARD.

## 6. LAND CAPABILITY ASSESSMENT DETAILS

Refer to Chapter 7 of the STANDARD and SUPPLEMENT B 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.

### 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.   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within 100m of the pool level of the River Murray and Lakes.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within the 1956 River Murray and Lakes flood zone.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Above shallow underground water supplies used for human or domestic purposes.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within 100m of the mean high water mark along coastal foreshore areas.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within 50m of a water source used for agricultural, aquacultural or stock purposes.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In an area likely to be subject to flooding or inundation in a 1:10 year return event.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **YES** to any one of the above, please provide full details including location, depth and measurements with the application.

## 7. AEROBIC WASTEWATER TREATMENT SYSTEM

Refer to Chapter 7 of the STANDARD and SUPPLEMENT B for further information. (Tick as appropriate)

Manufacturer (installer) of system \_\_\_\_\_ Model No. \_\_\_\_\_

### SYSTEM RATING

Organic load (grams BOD<sub>5</sub>/day) \_\_\_\_\_ Hydraulic load (litres/day) \_\_\_\_\_

Top surface area \_\_\_\_\_

### CALCULATIONS FOR PROPOSED SYSTEM

Organic load (grams BOD<sub>5</sub>/day) \_\_\_\_\_ Hydraulic load (litres/day) \_\_\_\_\_

Top surface area (m<sup>2</sup>) \_\_\_\_\_

Number of persons \_\_\_\_\_

## SYSTEM CONFIGURATION

One tank system     Two tank system     Three tank system     Four tank system     Other (attach details)

## CONTAINMENT PUMP SUMP & PUMP

Where a separate containment pump sump and pump is required, please provide full details on materials and method of construction, capacity, detention times, access openings and covers, pump, electrical and alarm systems.

## DISINFECTION

Type, form and method of dosing \_\_\_\_\_  
\_\_\_\_\_

### 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.*

## 8. SURFACE IRRIGATION DISPOSAL AREA

Refer to SUPPLEMENT B for further information.

Area for disposal of reclaimed water \_\_\_\_\_ m<sup>2</sup>

### TYPE OF IRRIGATION APPLICATORS

Sprays                       Micro sprays                       Drippers                       Bubblers  
 Others, please provide full details \_\_\_\_\_

Please provide details of landform modification \_\_\_\_\_  
\_\_\_\_\_

## 9. ALARM SYSTEM

Refer to SUPPLEMENT B for further information.

An alarm system must be installed as part of the aerobic wastewater treatment system, to indicate electrical or mechanical component malfunction or failure, including those components associated with separate containment sumps and pumps.

Type and location of audible and visible alarm \_\_\_\_\_

## 10. DECLARATION & SIGNATURE OF OWNER & APPLICANT

Refer to the STANDARD and SUPPLEMENT B 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.

I / We hereby undertake to have the system serviced by trained operators to ensure that the system will be maintained in accordance with the requirements of SUPPLEMENT B and/or specific approval conditions.

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_