

HEALTH 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 the:

- Local Government → **Proceed to Section 2**
- Chief Medical Officer → **Receipt number required** for the payment of \$66.00 **BEFORE** this application is forwarded to the Department of Health WA. Refer to Appendix 2 for payment instructions.

Receipt Number for the payment of \$66.00: \_\_\_\_\_

**Note: Applications without a receipt number will be returned to applicant.**

**Complete Section 2 AND Section 3**

## 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)	(If applicable)		

## 3. Owner / Applicant Details

Owner's Name			
Applicant's Name			
Applicant's Postal Address			
Suburb		Postcode	
Applicant's Phone Number			
Applicant's 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
- 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 **AND** any other volumes of liquid waste generated onsite:

Please refer to DOH factsheet: "[Supplement to Regulation 29 – Wastewater system loading rates](#)" for requirements and 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<sup>2</sup>
- 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
  - Volume of treatment tanks
  - Buffer tank(s) volume(s)
  - Treatment train details
  - Water quality objectives
  - Maintenance
  - Alarms
  - Technical drawings of system

- Disposal Method:

Surface Irrigation

Subsurface Irrigation

Substrata Irrigation

Disposal Area Size: \_\_\_\_\_ m<sup>2</sup>

- 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<sup>2</sup>

- 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

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<sup>2</sup>
- Are there any existing on-site effluent disposal systems on the lot:
  - No
  - 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); and
  - 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.
- **3 copies** of a site plan of the premises to a scale not less than 1:100, showing:
  - 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](mailto:WWApps@health.wa.gov.au) together with the receipt / receipt number for the \$66.00 issued by the Department of Health WA. The premises address is to be identified in the email "Subject" field.**

## 8. 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 Medical Officer.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**(If this application is to be approved by the CMO, please ensure the \$66.00 application fee is paid prior to submission – Refer to Appendix 1 & 2 for further details)**

# LOCAL GOVERNMENT REPORT

(TO BE PROVIDED WHERE AN APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS IS MADE TO THE CHIEF MEDICAL OFFICER, PUBLIC HEALTH)  
(Local Government Use Only)

## 1. APPLICANT / LOCATION DETAILS

Owner's Name \_\_\_\_\_ Applicant's Name \_\_\_\_\_

Street \_\_\_\_\_ Town or Suburb \_\_\_\_\_

Lot or Pt. Lot No. \_\_\_\_\_ House No. \_\_\_\_\_ Local Government. \_\_\_\_\_

## 2. 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 30 m 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 complies with the Government Sewerage Policy?  Yes  No

## 3. RECOMMENDATIONS OF LOCAL GOVERNMENT

Approval recommended (subject to the conditions listed below)

Approval not recommended (reasons for refusal attached)

## 4. 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 Medical Officer, Public Health ONLY:

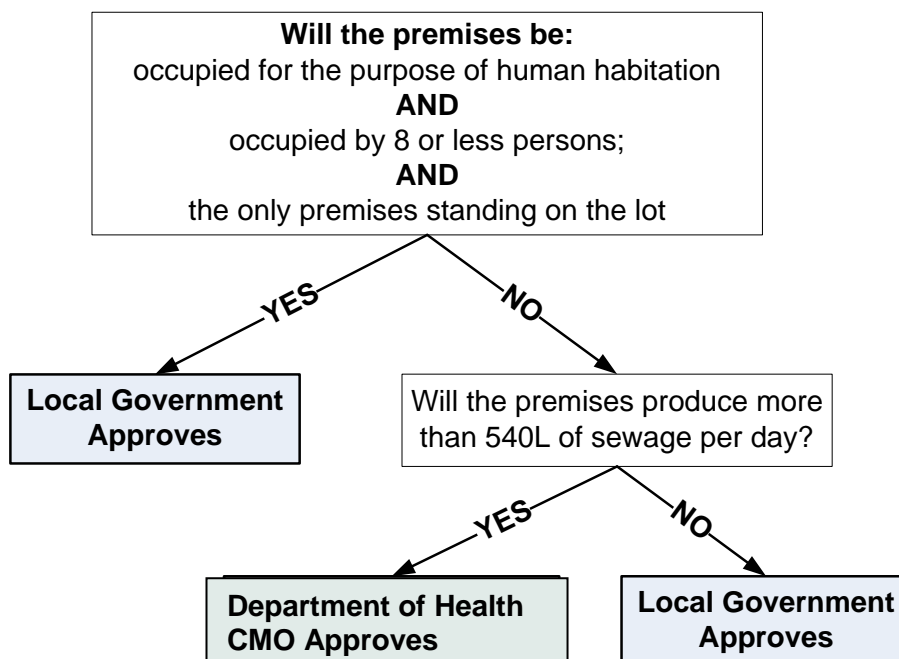
- Ensure you have recorded your receipt number for the payment of \$66.00 in Section 1 of the application form.
- To submit your application you can either email to [WWApps@health.wa.gov.au](mailto:WWApps@health.wa.gov.au). OR
- Send by post to:

**Environmental Health Directorate  
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 Act 1911.

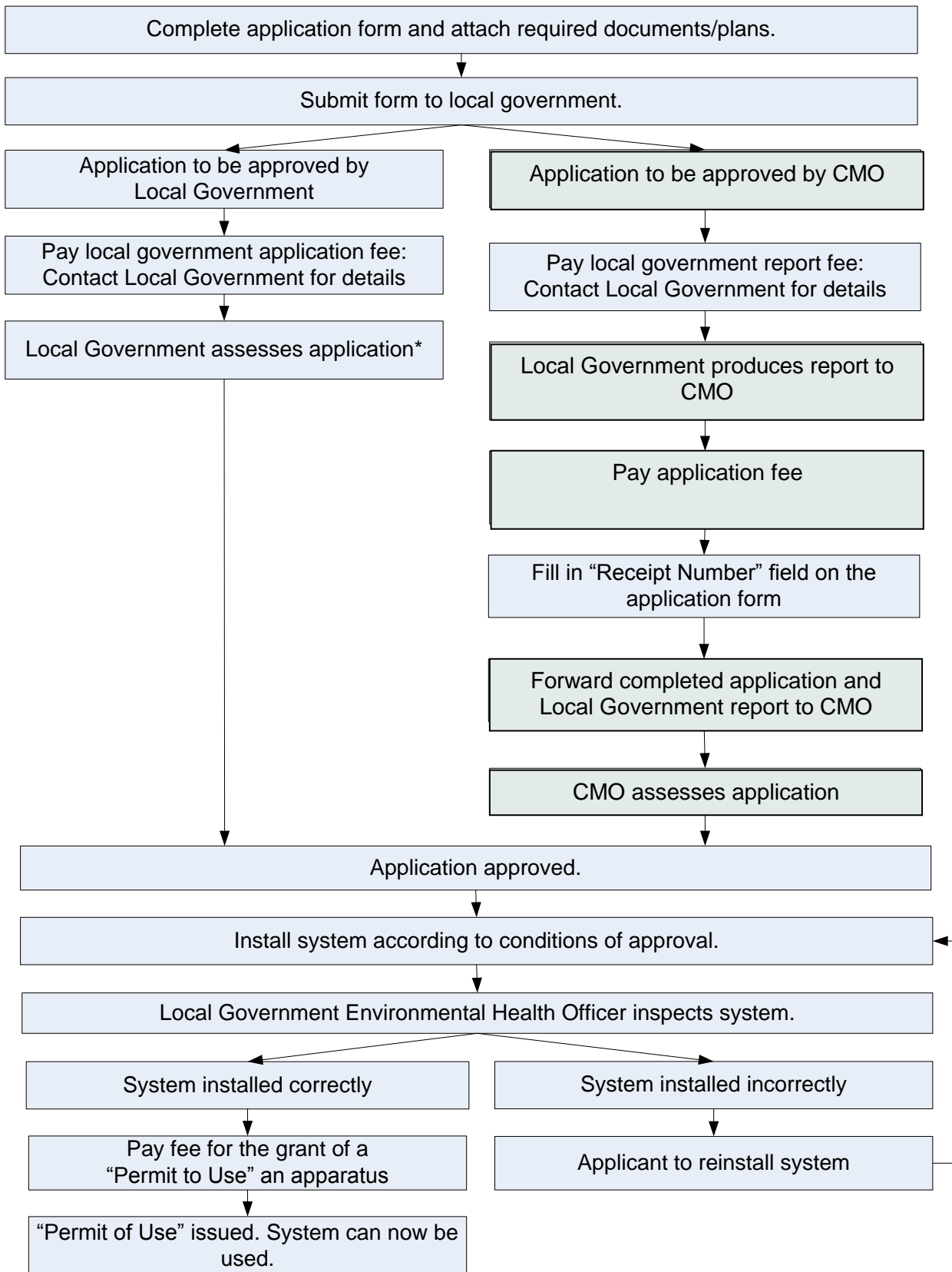
### Who approves your application? (Figure 1)



**CMO:** Chief Health Officer

### 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 **\$ 66.00**

(b) without a local government report\* **\$ 110.00**

Local government report fee **recommended fee \$ 118.00**  
(This fee is set by the local government and paid to the local government)

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When the application is approved:

**Fee for the grant of a permit to use an apparatus** **\$ 118.00**  
(including all inspections)

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

For applications to the Chief Medical Officer, the **\$66.00** application fee can be made through the following options:

**Option 1: By Telephone**

Ring **(08) 9222 2000** 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 [WWapps@health.wa.gov.au](mailto:WWapps@health.wa.gov.au)

**Option 3: By Cheque**

Send cheque with the completed "Payment Form" overleaf to:

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  
Chief Medical Officer ONLY**

**PAYMENT FORM  
FOR THE APPLICATION TO INSTALL OR CONSTRUCT AN  
APPARATUS FOR THE TREATMENT OF SEWAGE**

**Application Fee     \$66.00**

Applicant's Name / organisation

\_\_\_\_\_

Address and location of wastewater system

\_\_\_\_\_

\_\_\_\_\_

Return postal address for receipt to be sent:

Cardholders name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Your return e-mail: \_\_\_\_\_

**Payments by credit card: Fill in credit card details below**

Card Type:

Mastercard      Visa

Credit Card Number

Expiry Date