

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**
- Executive Director of Public Health → **Receipt number required** for the payment of \$38.50 **BEFORE** this application is forwarded to the Department of Health WA. Refer to Appendix 2 for payment instructions.

Receipt Number for the payment of \$38.50: \_\_\_\_\_

**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)	(If applicable)		

**Proceed to Section 3**

## 3. Owner / Applicant Details

Owner's Name			
Applicant's Name			
Applicant's Postal Address			
Suburb		Postcode	
Applicant's Phone Number			

**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.  
\_\_\_\_\_
- Number of persons on premises and/or any other volumes of liquid waste generated onsite:

If there are different uses of the premises (eg. Office, workshop, visitors, washdown), please indicate the number of persons and/or volumes of liquid waste 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<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](#)



## 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 Executive Director Public Health.

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

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

# LOCAL GOVERNMENT REPORT

(TO BE PROVIDED WHERE AN APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS IS MADE TO THE EXECUTIVE DIRECTOR, 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 Executive Director, Public Health ONLY:

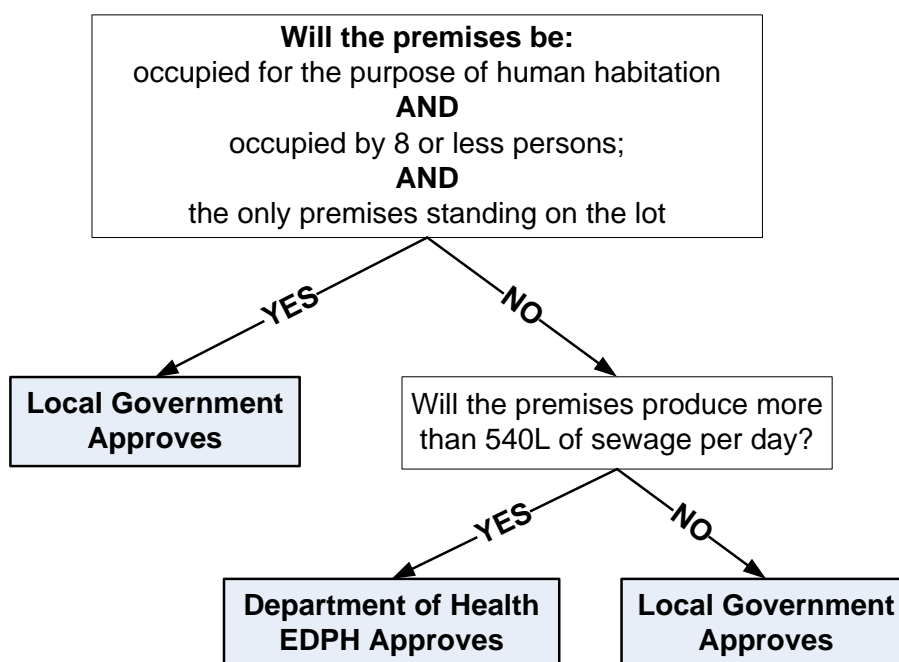
- Ensure you have recorded your receipt number for the payment of \$38.50 in Section 1 of the application form.
- To submit your application you can either email to [WWApps@health.wa.gov.au](mailto:WWApps@health.wa.gov.au). OR
- Send by post to:

**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 Act 1911.

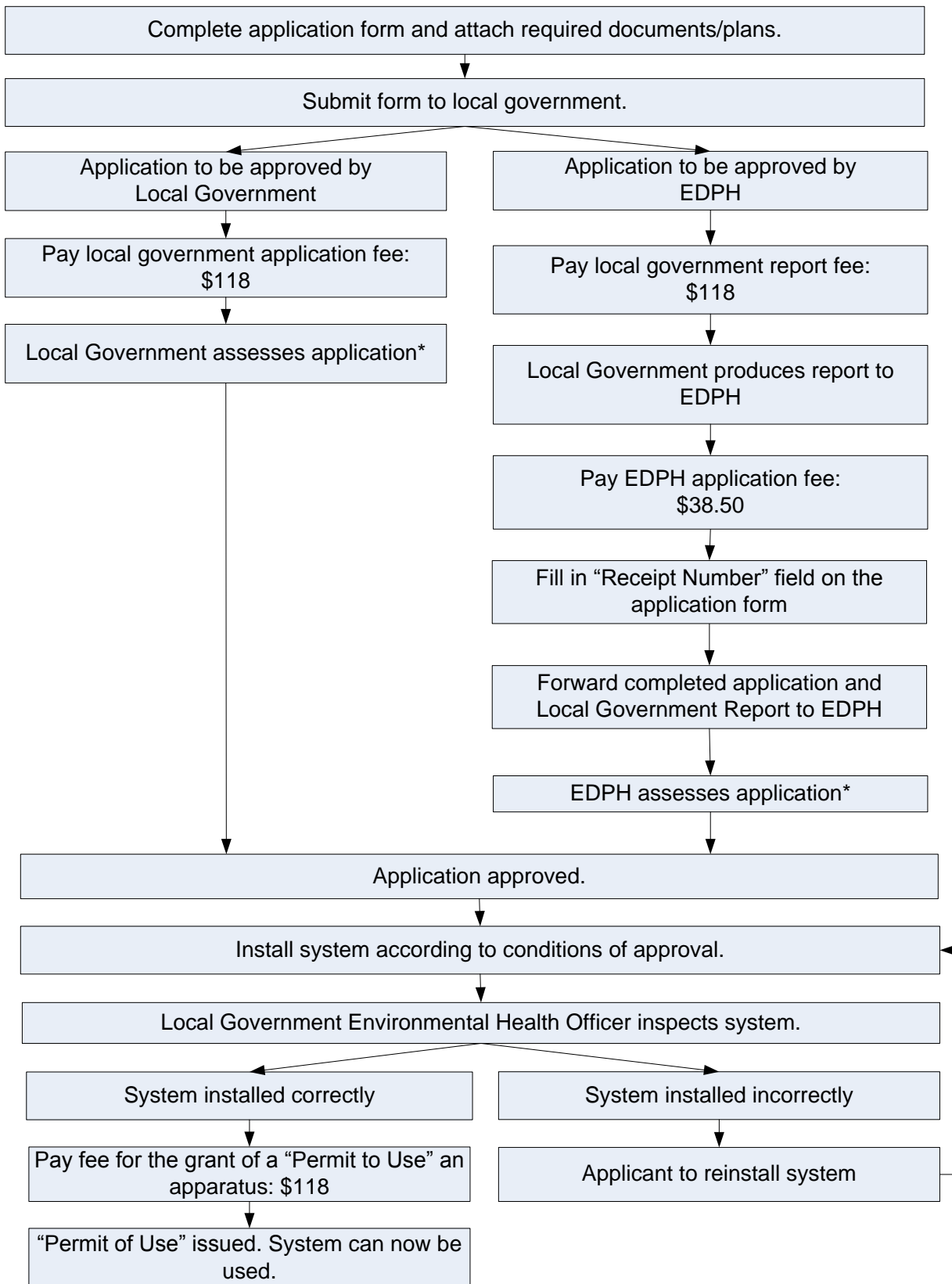
### Who approves your application? (Figure 1)



**EDPH:** Executive Director, Public Health



## The Application Process (Figure 2)



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

**EDPH:** Executive Director, Public Health

## Appendix 2

The following fees will apply:

**Local government application fee** (paid to local government) **\$ 118.00**

**AND**  
(when EDPH approval is required)

**Health Department of WA application fee:**

(a) with a local government report **\$ 38.50**  
(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 Executive Director, Public Health, the **\$38.50** 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  
Executive Director, Public Health ONLY**

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

**Application Fee     \$38.50**

Applicant's Name / organisation

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Return Postal Address for Receipt to be sent:

Name: \_\_\_\_\_

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

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

Your Return E-mail: \_\_\_\_\_

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

Card Type:

Bankcard      Mastercard      Visa      Amex      Diners

Credit Card Number

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Expiry Date

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