

**APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS
FOR THE TREATMENT OF GREYWATER**

1. APPLICATION DETAILS THE APPLICANT MUST COMPLETE IN FULL SECTIONS 1-6.

SEE INFORMATION FOR APPLICANTS PAGE 3 (please tick as appropriate)

- APPLICATION TO LOCAL GOVERNMENT (INCLUDING 2 COPIES OF PLANS)
 APPLICATION TO EXECUTIVE DIRECTOR PUBLIC HEALTH
(INCLUDING 3 COPIES OF PLANS AND ACCOMPANIED BY A REPORT FROM LOCAL GOVERNMENT)

2. LOCATION OF INSTALLATION

LOT OR PT. LOT No. _____ HOUSE No. _____
STREET _____ TOWN OR SUBURB _____
NEAREST CROSS ROAD OR PERMANENT LAND MARK: _____

LOCAL GOVERNMENT (City/Town/Shire Council): _____

3. OWNER/APPLICANT DETAILS NOTE: THE APPROVED APPLICATION WILL BE RETURNED TO THE APPLICANT ONLY.

OWNER'S NAME: _____
APPLICANT'S NAME: _____
APPLICANT'S POSTAGE ADDRESS: _____

POSTCODE: _____ PHONE No: _____

4. PREMISES DETAILS (please tick as appropriate)

PREMISES DESCRIPTION:
NEW OR EXISTING
SINGLE DWELLING OR MULTIPLE DWELLING
RESIDENTIAL OR COMMERCIAL OR INDUSTRIAL
SEWERED OR NON SEWERED
OTHER PLEASE SPECIFY: _____
NUMBER OF PERSONS ON PREMISES: _____ NUMBER OF BEDROOMS: _____
SPA: YES NO VOLUME: _____ LITRES
NON-RESIDENTIAL PREMISES (expected daily greywater volume): _____ Litres/day
WATER SUPPLY TO PREMISES: RETICULATED MAINS WATER BORE
OTHER PLEASE SPECIFY _____

5. SYSTEM DETAILS (please tick as appropriate)

TYPE OF APPARATUS: PLEASE SPECIFY: _____

DOES THE SYSTEM HAVE A SEWER OVERFLOW DIVERSION DEVICE? _____ YES NO
DISPOSAL SYSTEM: PLEASE SPECIFY: _____

ALTERNATING SYSTEM NON-ALTERNATING SYSTEM
NO. OF FIXTURES ATTACHED TO GREYWATER REUSE SYSTEM: _____
WHICH FIXTURES ARE TO BE ATTACHED TO THE GREYWATER REUSE SYSTEM: _____

6. 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 attached _____ copies of a site plan , (see attached information sheet for requirements for plans) showing the location of the apparatus and all relevant dimensions and site detail, including distances from boundaries and water supplies/source.

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 OFFICE USE

7. 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 100M OF A PRIORITY 1 DRINKING WATER SOURCE PROTECTION AREA. YES NO

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: _____

8. CONDITIONS OF APPROVAL

TYPE OF DISPOSAL SYSTEM AND DIMENSIONS: _____

OTHER CONDITIONS: _____

9. APPROVAL

APPROVED (subject to above conditions)

REFUSED (reasons for refusal attached)

DELEGATE OF LOCAL GOVERNMENT: _____

LOCAL GOVERNMENT: _____ DATE: _____

RECEIPT No. _____ APPROVAL No. _____ FEE: _____

INFORMATION FOR APPLICANTS

APPLICANTS SHOULD COMPLETE SECTIONS **1-6** OF THE APPLICATION AND SIGN THE DECLARATION.

DRAWINGS

EACH APPLICATION MUST BE ACCOMPANIED BY:

- **2 COPIES OF A SITE PLAN (FOR APPLICATIONS TO LOCAL GOVERNMENT)**
- **3 COPIES OF A SITE PLAN (FOR APPLICATIONS TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH)**

SITE PLANS SHOULD BE DRAWN TO A SCALE OF 1:100, AND BE LABELLED WITH ALL DIMENSIONS AND INCLUDE THE FOLLOWING DETAIL:

- LOCATION OF THE APPARATUS AND ALL IRRIGATION PIPEWORK.
- DISTANCE OF THE APPARATUS FROM ALL BUILDINGS, BOUNDARIES, BORES, WATERWAYS AND WATER BODIES.
- DISTANCE OF THE IRRIGATION SYSTEM FROM TRAFFICABLE AREAS.

SUBMISSION OF APPLICATION

APPLICATIONS FOR APPROVAL BY LOCAL GOVERNMENT, APPLY ONLY TO THE FOLLOWING:

- A SINGLE DWELLING ON A SINGLE LOT
- ANY OTHER BUILDING THAT PRODUCES NOT MORE THAN **540** LITRES OF SEWAGE PER DAY.

APPLICATIONS FOR APPROVAL BY THE EXECUTIVE DIRECTOR PUBLIC HEALTH APPLY TO:

- ALL OTHER SITUATIONS EXCEPT AS REFERRED TO ABOVE.

ONCE THE APPLICATION FORM HAS BEEN COMPLETED IT SHOULD BE SUBMITTED TOGETHER WITH THE PLANS TO THE LOCAL GOVERNMENT. WHERE AN APPLICATION REQUIRES THE APPROVAL OF THE EXECUTIVE DIRECTOR PUBLIC HEALTH, A LOCAL GOVERNMENT REPORT MUST ALSO BE PROVIDED. (SEE APPROVALS BY EXECUTIVE DIRECTOR PUBLIC HEALTH BELOW)

THE LOCAL GOVERNMENT WILL HELP YOU DETERMINE TO WHOM THE APPLICATION SHOULD BE MADE, WHETHER A LOCAL GOVERNMENT REPORT IS REQUIRED, AND THE FEES PAYABLE.

APPROVALS BY EXECUTIVE DIRECTOR PUBLIC HEALTH

WHERE AN APPLICATION REQUIRES THE APPROVAL OF THE EXECUTIVE DIRECTOR PUBLIC HEALTH, THE APPLICANT SHOULD COMPLETE THE APPLICATION FORM AND ATTACH THE FOLLOWING:

- 3 COPIES OF THE SITE PLAN
- A LOCAL GOVERNMENT REPORT
- CHEQUE FOR \$35 MADE PAYABLE TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH.

TO ASSIST IN THE APPROVAL PROCESS, IT IS SUGGESTED THAT THE APPLICATION IN THE FIRST INSTANCE BE LODGED WITH THE LOCAL GOVERNMENT (SO THAT A LOCAL GOVERNMENT REPORT CAN BE ISSUED) AND THEN FORWARDED TO:

**HEALTH DEPARTMENT OF WA
REVENUE SECTION, P.O. Box 8163,
STIRLING STREET, PERTH WA 6849**

WORK NOT TO COMMENCE

IF THE PLANS ARE APPROVED OR REFUSED, THE APPLICANT WILL BE NOTIFIED.

PLEASE NOTE THAT TO START WORK ON THE CONSTRUCTION OR INSTALLATION OF AN APPARATUS WITHOUT APPROVAL IS AN OFFENCE UNDER SECTION 107(2) OF THE HEALTH ACT 1911.

PERMIT TO USE APPARATUS

WHEN YOU HAVE OBTAINED APPROVAL, YOU MAY PROCEED WITH THE CONSTRUCTION OR INSTALLATION OF THE APPARATUS. BEFORE SEALING THE TREATMENT TANK OR COVERING THE IRRIGATION SYSTEM, NOTIFY AN ENVIRONMENTAL HEALTH OFFICER FROM THE LOCAL GOVERNMENT, SO THAT THEY MAY INSPECT THE APPARATUS AND ISSUE A PERMIT TO USE THE APPARATUS.

PLEASE NOTE THAT IT AN OFFENCE UNDER SECTION 107(4) OF THE HEALTH ACT 1911 TO USE AN APPARATUS BEFORE IT HAS BEEN INSPECTED AND A PERMIT TO USE THE APPARATUS ISSUED.

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.*
- ALL MATERIALS, PIPES, BENDS, JUNCTIONS, FITTINGS AND FIXTURES SHALL BE SOUND AND FREE FROM DEFECTS AND SHALL BE AUTHORISED AND INSTALLED IN ACCORDANCE WITH THE BY-LAWS OF THE WATER CORPORATION.

FEES

ALL FEES (WITH THE EXCEPTION OF THE HEALTH DEPARTMENT OF WA APPLICATION FEE) SHOULD BE MADE PAYABLE TO THE LOCAL GOVERNMENT FOR THE DISTRICT IN WHICH THE APPARATUS WILL BE INSTALLED.

THE FOLLOWING FEES WILL APPLY:

LOCAL GOVERNMENT APPLICATION FEE		\$ 150.00
HEALTH DEPARTMENT OF WA APPLICATION FEE		
(a) WITH A LOCAL GOVERNMENT REPORT		\$ 35.00
(b) WITHOUT A LOCAL GOVERNMENT REPORT		\$110.00
LOCAL GOVERNMENT REPORT FEE		
(THIS FEE IS SET BY THE LOCAL GOVERNMENT)	RECOMMENDED FEE	\$ 104.00
FEE FOR THE GRANT OF A PERMIT TO USE AN APPARATUS		
(INCLUDING ALL INSPECTIONS)		\$ 115.00

LOCAL GOVERNMENT REPORT

(TO BE PROVIDED WHERE AN APPLICATION TO CONSTRUCT OR INSTALL AN APPARATUS IS MADE TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH)

THIS FORM SHOULD BE COMPLETED BY THE LOCAL GOVERNMENT AND THEN ATTACHED TO THE ORIGINAL OF THE APPLICATION TO THE EXECUTIVE DIRECTOR PUBLIC HEALTH, AND FORWARDED WITH THE APPLICATION FEE OF \$35 TO: HEALTH DEPARTMENT OF WA, REVENUE SECTION, P.O. BOX 8163, STIRLING STREET PERTH, WA 6849.

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 _____

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: _____

OTHER CONDITIONS: _____

(Any further conditions should be attached)

DELEGATE OF LOCAL GOVERNMENT: _____

LOCAL GOVERNMENT: _____ DATE: _____

LOCAL GOVERNMENT APPROVAL NO. _____