



## **Application to Install or Construct an Apparatus for the Treatment of Sewage**

*Health (Miscellaneous Provisions) Act 2016*

### **Application Details (please tick as appropriate)**

- Application is for a single effluent disposal system on a single lot for a single residence (include 2 copies of plans)
- Application is for a non-residential development producing no more than 540L per day (include 2 copies of plans)
- Application is for an additional (second) system or one producing more than 540L per day (include 3 copies of plans)

**Plans are to be to scales of 1:100 or 1:200 or 1:500**

### **Location of Installation**

Lot Number: \_\_\_\_\_ House Number: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/Code \_\_\_\_\_

### **Owner & Applicant Details**

Owner's Name: \_\_\_\_\_

Owner's Postal address: \_\_\_\_\_

Owners's: Phone number: \_\_\_\_\_ Owners Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### **Premises Details (please tick as appropriate)**

- New Development     Existing Development
- Residential         Commercial             Industrial
- Single Dwelling     Multiple Dwellings     Ancillary Accommodation
- Other (please specify) \_\_\_\_\_

Number of bedrooms (for residential dwellings only, include enclosed studies): \_\_\_\_\_

Is there a spa with a capacity exceeding 350 Litres:     Yes     No

Is there an existing effluent disposal system on site:     Yes     No

Expected daily waste water volume (non-residential premises): \_\_\_\_\_ Litres / Day

## System Details (please tick as appropriate)

### Type of Apparatus

Septic tank(s)

Manufacturer and sizes: \_\_\_\_\_

Greywater system

Manufacturer and model: \_\_\_\_\_

Aerobic Treatment Unit

Manufacturer and model: \_\_\_\_\_

Other - please specify: \_\_\_\_\_

### Type of Disposal System

Alternating Leach Drains

Yes

No

Concrete leach drains

Manufacturer and length: \_\_\_\_\_

Plastic leach drains

Manufacturer and length: \_\_\_\_\_

Other leach drain type

Manufacturer and length: \_\_\_\_\_

Irrigation area

Area size: \_\_\_\_\_

Disposal technique:

Surface Spray

Subsoil Dripper

Substrata Dripper

Other - please specify: \_\_\_\_\_

## Site Conditions (please tick as appropriate)

Soil Type:  Sand

Gravel

Loam

Clay

Other - please specify: \_\_\_\_\_

Depth from natural ground level to highest known water table: \_\_\_\_\_

Distance to natural water bodies if less than 100m: \_\_\_\_\_

Will the system be within 30m of a bore, dam or water course used for drinking water:

Yes  No

Will the system be in an area subject to flooding or inundation in a 1 in 10 year event:

Yes  No

## 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 confirm that, to the best of my knowledge, the information provided in this application is a true and accurate reflection of circumstances.

Applicants signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicants full name: \_\_\_\_\_

## Additional Information for Applicants

### Drawings

Each application must be accompanied by the required number of drawings as indicated in the Application Details section above. Drawings are to include the following;

- ❖ Scale of drawing, either 1:100, 1:200 or 1:500
- ❖ Location of effluent disposal system and all drains and pipework
- ❖ Distance of the system from all buildings, boundaries, bores, waterway and waterbodies
- ❖ Distance of system from all trafficable areas
- ❖ Site plan to have contour lines indicating the slope of the land

### Aerobic Treatment Units

If the application is for an Aerobic Treatment Unit, a copy of the maintenance agreement between the owner and the authorised service company must also be included.

### Submission of Application

All applications are to be submitted to the Shire of Donnybrook Balingup.

The Shire however can only approve applications for a single effluent disposal system on a single lot for a residence or other development producing not more than 540L per day. For all other applications, approval will be required from the Department of Health.

Where Department of Health approval is required, the Shire will produce a Local Government Report and forward it with the application. Please note that in these circumstances there is a separate Department of Health application fee.

Lodgement can be made by any of the following;

In Person: Shire of Donnybrook Balingup Administration Building,  
Cnr Bentley & Collins Street, Donnybrook  
By Mail: PO Box 94, Donnybrook WA 6239  
By Email: [shire@donnybrook.wa.gov.au](mailto:shire@donnybrook.wa.gov.au)

### Work not to Commence until Approval Granted

Please note that it is an **offence** under Section 107(2) of the Health (Miscellaneous Provisions) Act 1911 to start work on the construction or installation of an on site effluent disposal system without approval.

### Permit to Use

When you have obtained approval, you may proceed with the construction or installation of the apparatus. However before sealing the septic tank(s) or covering the drains they must be inspected by the Shire and a Permit to Use issued. To arrange an inspection by an Environmental Health Officer from the Shire please telephone 9780 4200.

Please note that it is an **offence** under Section 107(4) of the *Health (Miscellaneous Provisions) Act 1911* to use an apparatus before it has been inspected and a permit to use the apparatus issued.

## Fees

### *Payable to the Shire either via cash, cheque or credit card*

- Application requiring Shire approval or, **\$236.00**
- application requiring Department of Health approval\* **\$236.00**
- re-Inspection Fee (due to unsatisfactory/incomplete work) **\$100.00**

**\*NB:** Applications requiring Department of Health approval are required to pay an additional fee of \$66.00.

## Payment Options

**Pay in Person:** Pay via cash, EFTPOS, cheque, or credit card at the Cashier at Shire of Donnybrook Balingup Administration Building, Cnr Bentley and Collins Street, Donnybrook between 8.30am and 4.00pm Monday to Friday.

**Pay by Mail:** Send a cheque or money order payable to Shire to PO Box 94, Donnybrook WA 6239.

**Pay by Credit Card:** For credit card payments not made in person, you will be contacted by telephone to arrange payment following receipt of your application.

### ***Further Information:***

*Should you have any queries regarding any of the above, please contact the Shire's Environmental Health Services on 9780 4205.*

**Applications to the Chief Health Officer require the payment of a separate application fee. The 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 the “Payment Form” below and email the form to BUadminsupport.ehd@health.wa.gov.au

**Option 3: By Cheque** - Send cheque with the completed “Payment Form” below to:

Accounts Officer  
Business Unit (Grace Vaughan House)  
Environmental Health Directorate  
PO Box 8172  
Perth Business Centre WA 6849

Notes: 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.

A receipt number is required for the payment of the application fee of \$56.00 before the application is forwarded to the Department of Health WA. Receipt No: \_\_\_\_\_

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

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## Department of Health Payment Form

**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: \_\_\_\_\_

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

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