

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

1. APPLICATION DETAILS

THE APPLICANT MUST COMPLETE IN FULL SECTIONS 1-5

For further information on making this application please see page 4

- ◆ Application to the Shire of Coorow should have 2 copies of plans attached
- ◆ Application to Executive Director of Public Health should have 3 copies of plans attached and be accompanied by a report from the Coorow Shire.

2. OWNER DETAILS

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PROVIDE NAME, POSTAL ADDRESS, AND PHONE CONTACT DETAILS

3. APPLICANT DETAILS

(IF DIFFERENT FROM OWNER)

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.....
PROVIDE NAME, POSTAL ADDRESS, AND PHONE CONTACT DETAILS

NOTE: THE APPROVED APPLICATION WILL BE RETURNED TO THE APPLICANT ONLY.

4. LOCATION OF INSTALLATION

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.....
PROPERTY ADDRESS (Include Property number, lot/location number and locality details)

3. DETAILS REQUIRED OF PROPOSED INSTALLATION

4.1 Type of Work (PLEASE CIRCLE AS APPROPRIATE)

New OR Existing or Renewal/Replacement of existing installation

4.2 Type of Building to be Serviced (PLEASE CIRCLE AS APPROPRIATE)

Single Dwelling Multiple Dwellings Commercial Industrial

Other (PLEASE SPECIFY)

4.3 For Houses Specify the Number Of Bedrooms

3.4 Does House have a Spa? (IF YES SPECIFY VOLUME OF WATER IT HOLDS)

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4.5 For Non-Residential Premises Specify the Expected Daily Wastewater Volume in Litres/Day

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4.6 For All Premises Specify the No of Major Fixtures

(WATER CLOSETS, URINALS, PAN WASHERS SLOP HOPPERS, INDUSTRIAL WASTE OUTLETS)

4.7 Source of Water Supply? (PLEASE CIRCLE AS APPROPRIATE)

Water Corporation Other (PLEASE SPECIFY)

4.8 Type of Installation Proposed? (PLEASE CIRCLE AS APPROPRIATE)

Septic Tank Other (PLEASE SPECIFY)

(ATTACH BROCHURE INFORMATION ON SYSTEM IF APPROPRIATE)

4.9 Effluent Disposal System:

Concrete Segment Leach Drains Soak Wells

Other (PLEASE PROVIDE DETAILS)

(ATTACH BROCHURE INFORMATION IF APPROPRIATE)

4.10 Ease Specify if Facility is to Exist to Alternate between Leach Drains/Soak Wells
(PLEASE CIRCLE AS APPROPRIATE)

Yes No

4.11 Please Describe the Nature of the Soil (CIRCLE AS APPROPRIATE)

Sand Gravel Loam Clay

Other (PLEASE DESCRIBE)

4.12 Specify the Distance the System will be to any Water Course, Well, Bore or Dam

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.....

Is this Supply used for the Supply of Drinking Water? Yes No

4.13 Specify the depth to any known Water Table.

(IF THERE IS NO KNOWN WATER TABLE INDICATE SUCH)

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4.14 Has the area in which the drain is to be installed ever been flooded?

(CIRCLE APPROPRIATE REPSPONSE)

Yes No

If Yes, please provide details

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5. 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 referred to above and further attest that the information provided is accurate to the best of my knowledge.

STRIKE OUT SECTION THAT IS NOT APPLICABLE

(APPLICANT SIGNATURE)

(PRINT NAME)

(DATE)

IMPORTANT INFORMATION TO APPLICANTS

When 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.

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.

ANY APPROVAL WILL BE ISSUED ON THE CONDITION THAT THE WORKS DESCRIBED INN THE APPROVAL NEED TO BE COMPLETED WITHIN TWELVE MONTHS OF THE APPROVAL. If works have not been completed in that time fresh approval will need to be obtained.

FEES AND CHARGES

APPLICATIONS TO THE SHIRE (i.e. single dwellings only and premises that will not produce more than 540litres of effluent per day)

APPLICATION FEE	\$ 92.00
<u>FEE FOR THE GRANT OF A PERMIT TO USE AN APPARATUS (INCLUDING ALL INSPECTIONS)</u>	<u>\$ 92.00</u>
TOTAL CHARGES TO BE PAID ON APPLICATION	\$184.00 <i>(PAYABLE TO THE SHIRE)</i>

FEE FOR LOCAL GOVERNMENT REPORT \$ 92.00 *(PAYABLE TO THE SHIRE)*
(A LARGER FEE MAY BE APPLICABLE FOR COMPLEX APPLICATIONS)

FEE FOR APPLICATION TO THE EXECUTIVE DIRECTOR OF PUBLIC HEALTH	
WITH A LOCAL GOVERNMENT REPORT	\$ 35.00
WITHOUT A LOCAL GOVERNMENT REPORT	\$110.00
<i>(CHEQUES TO BE MADE PAYABLE TO THE EXECUTIVE DIRECTOR OF PUBLIC HEALTH)</i>	

INFORMATION FOR APPLICANTS

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

Before sealing the septic tank or covering the drains, 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 HAS BEEN ISSUED.

DETAILS REQUIRED WITH APPLICATION

- 1. Applicants should complete sections 1-5** of the application and sign the declaration.
- 2. Each application is to be accompanied by** drawings showing the location of the apparatus and all drains and pipework, the distance of the apparatus from all buildings, boundaries, bores, waterways and water bodies. Further, the application should show the distance of all receptacles for drainage from trafficable areas.

These details are to be shown on a scaled plan. 1:100 is preferred, however alternative scales can be used if the need arises provided the information and details provided can be sufficiently demonstrated.

Each application must be accompanied by 2 copies of the plan(s) where application is to the Shire of Coorow or 3 copies of the plan(s) where application is to the executive director public health

3. Who does the application go to?

Applications for approval by local government, apply only to single dwellings (on a single lot) and, any other building that will not produce 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.

The Shire of Coorow will help you determine to whom the application should be made and whether or not a local government report is required and the fees payable.

In the instance where application needs to be submitted to the Executive Director of Public Health it should go in the first instance to the Shire, unless the applicant wants the application to be dealt with directly by the Executive Director of Public Health. Upon receipt of the application and once the appropriate fees have been paid the Shire will prepare a Local Government Report.

APPLICATIONS TO THE SHIRE OF COOROW ARE TO BE MAILED TO

Shire of Coorow
Leeman Office
PO Box 238
LEEMAN WA 6514

If you require assistance or have any questions in relation to your application please contact the Manager, Community Development at the Leeman Office

of the Shire of Coorow - Phone: 9953 1388

Fax: 9953 1377

Mobile: 0428 521 101

E-mail: johnr@coorow.wa.gov.au

APPLICATIONS TO THE EXECUTIVE DIRECTOR OF PUBLIC HEALTH TO BE MAILED TO -

The Health Department of WA,
Revenue Section,
PO Box 8163,
Stirling Street, PERTH WA 6849