

# APPLICATION TO ALTER A SEPTIC TANK SYSTEM

To obtain the necessary information to complete this application form, you will need to refer to the South Australian Health Commission Code **WASTE CONTROL SYSTEMS – STANDARD FOR THE CONSTRUCTION, INSTALLATION AND OPERATION OF SEPTIC TANK SYSTEMS IN SOUTH AUSTRALIA**.



If you intend to use an aerobic sand filter or aerobic wastewater treatment system as an alternative for treating and disposing of septic tank effluent you will also need to refer to **SUPPLEMENTS A or B** and obtain the relevant application form.

The **STANDARD and SUPPLEMENTS** can be purchased from any council office or SA Health Commission Public & Environmental Health Service Office.

Failure to provide the correct information, which must include a detailed assessment of the land capability of the site (ie suitability of the site for treatment/disposal of septic tank effluent) will result in approval delays.

A fee (as determined by the relevant authority) and **two copies** of the detailed building plan and site plan (refer to Chapter 3 of the STANDARD) must accompany the application for **each** septic tank.

Please contact the relevant authority for details regarding the fee and method of payment. The relevant authority is:

- The local council for the area where the system is to be installed; or
- The South Australian Health Commission for areas of the State not under local government control.

**PLEASE PRINT CLEARLY**

## OFFICE USE ONLY

Septic Number  
\_\_\_\_\_

DA 571/ /

Receipt Number  
\_\_\_\_\_

Fees Paid  
\$ \_\_\_\_\_

Date Fees Paid  
\_\_\_\_\_

## 1. LOCATION OF INSTALLATION

Refer to Chapter 3 of the STANDARD for further information.

Street \_\_\_\_\_ Township or Suburb \_\_\_\_\_

Street Number \_\_\_\_\_ Lot or Pt Lot Number \_\_\_\_\_

Where the installation is not located in a defined township, please provide a location plan with clear directions and the following information:

Hundred of \_\_\_\_\_ Section or Pt Section \_\_\_\_\_

## 2. OWNER / APPLICANT DETAILS

Refer to Chapter 3 of the STANDARD for further information.

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

Owner's Address \_\_\_\_\_

Township or Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Where the person completing this application is not the owner, please provide applicant details.

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

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

Township or Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Tick as appropriate  Builder  Plumber  Other (please specify) \_\_\_\_\_

### 3. PREMISES AND SYSTEM DETAILS

Refer to Chapters 3, 5, 6 and 7 of the STANDARD for further information.

**PREMISES DESCRIPTION** (ie House, flats/units, office etc) \_\_\_\_\_ Number of persons \_\_\_\_\_

For units/flats etc. (eg 3 units with 2 bedrooms and 1 unit with 3 bedrooms = 9 bedrooms and 18 persons)	Number of units/flats	Number of bedrooms and person per unit/flat

#### INFORMATION REQUIRED TO CALCULATE DISPOSAL SYSTEM REQUIREMENTS (Tick as appropriate)

Refer to Chapters 7 of the STANDARD for further information.

##### Water supply to premises

Reticulated mains water (includes any supply from dam or river)     Roof catchment or storage or carted supply

##### Occupation conditions

Full-time occupation     Intermittent occupation (no reduction in system size permitted for intermittent use)

#### NON RESIDENTIAL PREMISES

If additional information is required to assist in approval, please attach details on a separate sheet – eg anticipated frequency of use for hotel/motel.

Refer to Chapter 1, Table 1 of the STANDARD to determine requirements for variable use conditions.

**For Constant use – state** TOTAL NUMBER of persons using the system \_\_\_\_\_

**For Variable use – state** TOTAL NUMBER of persons using the system EACH DAY over a 7 day period. (highest number over 12 months) and indicate below the number for each day.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

### 4. NON-STANDARD FIXTURES TO BE INSTALLED

Refer to Chapter 5 of the STANDARD for further information.

(Tick and indicate number as appropriate)

Food waste disposal unit      Spa bath      Please state capacity (litres) \_\_\_\_\_    Other

Provide details \_\_\_\_\_

The relevant authority may require additional information such as hydraulic flows for other non-standard fixtures.

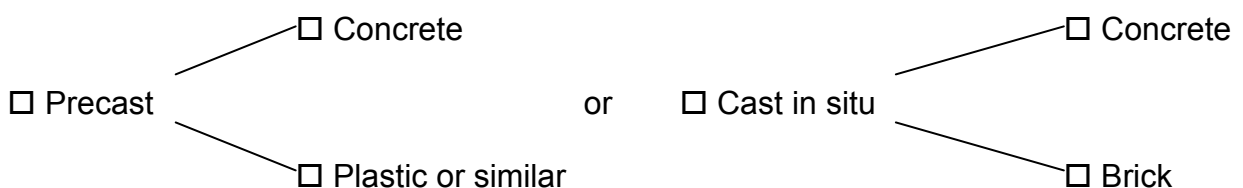
### 5. SEPTIC TANK TO BE INSTALLED

Refer to Chapters 5 and 6 of the STANDARD for further information.

(Tick and indicate number as appropriate)

**Type**     All Waste     Sewage only (separate application is required for sullage wastewater treatment system)

#### Type of construction



**Effective capacity of the septic tank (litres)** \_\_\_\_\_

## 6. LAND CAPACITY ASSESSMENT DETAILS

Refer to Chapter 7 of the STANDARD for further information.

### SITE DETAILS

Land Slope (percentage gradient) \_\_\_\_\_ Flooding frequency (eg once in 7 years) \_\_\_\_\_

Depth to permanent/seasonal or tidal water table (mm) \_\_\_\_\_ Depth in bedrock (mm) \_\_\_\_\_

### SOIL CLASSIFICATION

Attach details of soil classification assessment, providing a description of the soil at each horizon taken to a depth of three (3) metres, or 500mm beyond the intended level of the base of the selected soil horizon for the subsurface disposal system – whichever is the greater. The description should include an indication of the likely permeability of each soil horizon and its suitability for the proposed disposal system. Several test boreholes should be taken within the area of the proposed soakage system. The test holes shall be identified and their location indicated on a site plan.

### SOIL PERMEABILITY (percolation)

Where the soil assessment indicates a soil type such as clay or where it is known that the soil type is unlikely to be suitable for long term effluent disposal, recognised percolation tests (eg **Static** or **Falling Head Tests** using 100mm diameter bore holes) should be carried out in the area and within the selected soil horizon where the disposal system is to be located. The test holes shall be identified and their location indicated on a site plan.

Attach results of percolation tests carried out using a recognised test method, or show results below

Test Method (tick as appropriate)  Static Head Test or  Falling Head Test

Duration of pre-soaking (hours) \_\_\_\_\_ Depth of water used to conduct test (mm) \_\_\_\_\_

Diameter of test hole (mm) \_\_\_\_\_

Test hole number	1	2	3	4	5
Depth test taken (mm)					
Results (mm/hr) see NOTE					

NOTE: Only record results when fall rate is constant

Please provide certification from a geotechnical engineer that the installation and operation of the subsurface disposal system will not have any impact on the structural integrity of the building(s) on the site or adjoining sites.

### CALCULATION OF REQUIRED CONTACT AREA FOR SUB-SURFACE DISPOSAL

Refer to Chapter 7 of the STANDARD for information on calculating required contact area

Effluent percolation rate as calculated (in litres/square metre/day) \_\_\_\_\_

Required contact area for sub-surface disposal as calculated (in square metres) \_\_\_\_\_

### PROXIMITY TO A WATER SOURCE

Is the proposed effluent disposal system to be installed in any of the following locations? (tick as appropriate)

- ◆ Within 50m of a well, bore, dam used or likely to be used for human or domestic purposes?  Yes  No
- ◆ Within 50m of a watercourse as identified in a 1:50,000 Department of Environment and Natural Resources topographic map and used or likely to be used for human or domestic purposes.  Yes  No
- ◆ Within 100m of the pool level of the River Murray and Lakes.  Yes  No
- ◆ Within the 1956 River Murray and Lakes flood zone.  Yes  No
- ◆ Above shallow underground water supplies used for human or domestic purposes.  Yes  No
- ◆ Within 100m of the mean high water mark along coastal foreshore areas.  Yes  No
- ◆ Within 50m of a water source used for agricultural, aquacultural or stock purposes.  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 one of the above, please provide full details including location, depth and measurements with the application.

## 7. DISPOSAL METHODS – EXISTING OR TO BE INSTALLED

Refer to Chapter 7 of the STANDARD for further information.  
(Tick and indicate number as appropriate)

**SOAKAGE TRENCH**  or **SOAKAGE BED**  See NOTE below regarding licence requirements.

**Type used**  plastic tunnel  perforated pipe

Length (metres) \_\_\_\_\_ Width (mm) \_\_\_\_\_ Depth\* (mm) \_\_\_\_\_

\*Depth of trench or bed used to calculate the contact area.

Depth below natural ground surface to top of trench or bed (mm) \_\_\_\_\_

### SOAKAGE WELL

Depth Below inlet (mm) \_\_\_\_\_ Diameter of excavation (mm) \_\_\_\_\_

Number of wells \_\_\_\_\_ Contact area provided by each well (square metres) \_\_\_\_\_

Where a Water Resources Act or an Environment Protection Act licence is required, please state Licence Number and name of the issuing authority.

Licence Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_

NOTE: A licence may be required from the Department of Environment and Natural Resources or the Environment Protection Authority in situations where the disposal system exceeds 2.5m in depth or is situated in an area such as a Water Protection Zone **and** the system is sized for more than 100 persons.

### OFF-SITE DISPOSAL

Septic tank effluent disposal system

Temporary on-site containment for tanker removal for site. State capacity of storage pump (litres) \_\_\_\_\_

**OTHER METHOD**  Please provide details with attachments as appropriate.

### PUMP SUMP & PUMP

Where a pump sump and pump is required to lift the effluent from the septic tank to the effluent disposal system, please provide details.

Pump sump materials and method of construction \_\_\_\_\_

Capacity of pump sump (litres) \_\_\_\_\_ Type of pump \_\_\_\_\_

Type and location of alarm \_\_\_\_\_

## 8. DECLARATION AND SIGNATURE OF OWNER AND APPLICANT

Refer to the STANDARD for further information.

**NOTE: Where the applicant is NOT the owner, Then BOTH the owner's signature and the applicant's signature are required, otherwise approval will be delayed. The owner should ensure that this form is completed BEFORE signing.**

I / We hereby declare that the information provided in this application, attachments and accompanying plans is true and correct. Penalties apply for the provision of false and misleading information.

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: All applications must be accompanied with the appropriate fee. Please contact the relevant authority for details.