

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

Health (Miscellaneous Provisions) Act 1911

Reviewed: October 2024

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

FORM 0033

Application Checklist

Submission of an Application

- The Shire of Esperance only approves single effluent disposal system on a single lot for a residence or other development producing no more than 540L per day.
- **For systems above this limit, please complete this application and an Environmental Health Officer will provide an additional Department of Health form for you to complete. Additional fees apply.**
- For new dwellings a Septic approval is required before a Building approval will be issued. Please visit the Shire website: [Shire of Esperance](http://www.esperance.wa.gov.au) for more information.

- Lodge application by:
- Email to health@esperance.wa.gov.au
 - Mail via post to PO Box 507, Esperance WA 6450
 - In person at Shire Administration Building at 77 Windich Street, Esperance WA

- Receive a confirmation email with a request for payment for the application

- Pay fee of **\$236.00** over the phone with a credit card or pay in person at the Shire Administration Office on 08 9071 0666

- Make sure you have sent in all the required documents with the application.
(If further information is required an Environmental Health Officer will be in contact)

Drawings

- Please provide a drawing of your **site plan** for this application with the following:
- Drawing to scale of 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
 - Contour lines indicating the slope of the land
 - Floor Plan

Aerobic Treatment Unit (ATU)

If the application is for an Aerobic Treatment Unit (ATU), a copy of the **maintenance agreement** between the owner and the authorised services company must also be included

When Approval has been granted

When you have obtained approval, you may proceed with the construction or installation of the apparatus



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 onsite effluent disposal system without approval.

Please contact the Shire of Esperance on 08 9071 0676 or health@esperance.wa.gov.au if you have any further queries.

Premises Details (Please Tick)

Single Dwelling

Existing Development

Industrial

Residential

Commercial

Ancillary Accommodation

New Development

Multiple Dwellings

Other (please specify):

Application Type (Please Tick)

Single effluent disposal system on single lot for single residence

Additional (second) System

Non-residential development, producing less than 540L per day

Non-residential development, producing more than 540L per day

Note: if selecting this category, the Environmental Health Officer will need to provide you with a Department of Health form to complete. Additional fees will apply.

Plans required for the above to scale of: 1:100, 1:200 or 1:500

Location of Installation

Lot No.:

House No.:

Street:

Suburb:

Postcode:

Owner Details

Owner's Name:

Postal Address:

Email:

Phone No.:

Applicant Details NOTE Approval will be sent to applicant only

Applicant's Name:

Postal Address:

Email:

Phone No.:

System Details

<input type="checkbox"/> Septic Tank/s	<input type="checkbox"/> Grey Water System
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<input type="checkbox"/> Secondary Treatment System (ATU)	<input type="checkbox"/> Pump Tank
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Other (please specify):

Details of Tank selected above

Manufacturer and Model:

Size:

Number of Bedrooms:
(Residential dwelling only, includes enclosed studies)
Floor plan required

Expected daily wastewater volume:
(non-residential only)

Is there an existing effluent disposal system on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is there a spa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes to the above, does it exceed 350L?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other Details:

Type of Disposal System

<input type="checkbox"/> Concrete leach drains	<input type="checkbox"/> Plastic leach drains
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<input type="checkbox"/> Other leach drain type	<input type="checkbox"/> Irrigation area
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Other (please specify):

Details of Disposal System selected above

Manufacturer and length:

Area size:



Alternating system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Disposal technique:	<input type="checkbox"/> Surface Spray
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<input type="checkbox"/> Subsoil Dripper
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<input type="checkbox"/> Substrata Dripper
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Other Details:	
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Site Conditions

<input type="checkbox"/> Sand	<input type="checkbox"/> Gravel	<input type="checkbox"/> Loam	<input type="checkbox"/> Clay
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<input type="checkbox"/> Other (please specify):
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Site Conditions selected above

Depth from natural ground level to highest known water table:	
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Distance from natural water bodies if less than 100m:	
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Will the system be within 30m of a bore, dam or water course used for drinking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Will the system be in an area subject to flooding or inundation in a 1 in 10-year event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other Details:	
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Declaration

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.

Full Name	
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Signature	
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Signature	Date	
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OFFICER USE ONLY

Date Received:

Receipt No.:

Accepting Officer:

Septic No.:

Amount Paid:

\$236.00

Health Officer:

Records:

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