

Civic Centre: 4 Mackay Street
Port Augusta South Australia 5700

Postal Address: PO Box 1704
Port Augusta South Australia 5700

Telephone (08) 8641 9100
Facsimile (08) 8641 0357

admin@portaugusta.sa.gov.au
www.portaugusta.sa.gov.au



Port Augusta

CITY COUNCIL

Assessment Number
[For Office Use Only]

**APPLICATION FOR CONNECTION TO
PORT AUGUSTA SEPTIC TANK EFFLUENT DRAINAGE SCHEME**

NB. This form is an additional form to the normal application for septic tank installation which needs to be completed when living in a STEDS/CWMS area of Port Augusta City Council.

I / We, the owners of the land described below, hereby apply to The Port Augusta City Council for approval to connect effluent drains on the said land into the Port Augusta Septic Tank Effluent Drainage Scheme.

[Please Print Clearly]

1. LOCATION OF INSTALLATION

Street:

Township:

Street Number: _____ Lot Number: _____ File Plan: _____

2. OWNER / APPLICANT DETAILS

Owner's Name:

Owner's Address:

Township: _____ Postcode: _____ Telephone: _____

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

Tick as appropriate: Builder Plumber Engineer Other

Applicant's Name:

Applicant's Address:

Township: _____ Postcode: _____

Telephone: _____

Note: Unless exempted by the Minister under the Plumbers, Gasfitters & Electrician Act, 1995, all "plumbing" must be carried out by persons authorised in accordance with the provisions of the Plumbers, Gasfitters & Electrician Act, 1995.

3. PREMISES & SYSTEM DETAILS

Premises Description (Tick as appropriate) Existing New

ie house, flats, offices etc _____

Number of persons _____

Number of units/flats _____

Number of bedrooms _____

and

persons per unit/flat _____

(For units/flats etc

(Eg 3 units with 2 bedrooms and 1

unit with 3 bedrooms = 9

bedrooms and 18 persons)

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)

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 _____

Thur _____

Fri _____

Sat _____

4. NON-STANDARD FIXTURES

Food waste disposal unit Spa bath Please state capacity (in litres) _____

Other Provide Details

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

5. SEPTIC TANK

Type All waste Sewage only Existing New

Type of construction All Waste Sewage Only Existing New

Concrete Concrete

Precast Cast in situ

Plastic or similar Brick

Effective capacity of the septic tank (in litres) _____

6. SULLAGE TANK

Existing New

Type of construction

Concrete Concrete

Precast Cast in situ

Plastic or similar Brick

7. HYDRAULIC LOADING FOR SULLAGE WASTES

Calculation for proposed sullage system (For non-domestic residential, commercial or industrial premises)

Number of Persons _____ Hydraulic Load (in litres / day / person) _____

Please attach calculations

SYSTEM CONFIGURATION

Tick as appropriate One Tank System Two Tank System Other attach details

8. PUMP SUMP AND PUMP

Where a pump sump and pump is required to lift the effluent and/or sullage wastewater to the STEDS connection, please attach full details and include details of detention times, access openings and covers, electrical and alarm systems.

Pump sump materials and type of construction _____

Capacity of pump sump (litres) _____

Type of pump _____ Type and location of alarm _____

9. AEROBIC WASTEWATER SYSTEMS

Please discuss with the Council

10. PLANS AND PLUMBER

This application must be submitted together with **three** copies of a plan of the proposed work neatly drawn at a minimum scale of 1:200.

Such plan to indicate details of pipework and fittings to the satisfaction of Council.
[Failure to provide the correct information will result in approval delay]

The installation of the effluent system (or part) is required to be carried out by a registered/licenced plumber, who on completion shall provide a certificate of compliance to Council including the as constructed drawings drawn to scale.

When the septic tank is not installed at surface level, the tank must be provided with access shafts fitted with access covers and an inspection opening raised to surface Level (being 100mm above ground level), in accordance with part 6 of the SAHC Standard for the installation and operation of septic tank systems.

11. DECLARATION & SIGNATURE OF OWNER AND APPLICANT

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

Upon signing this document

I / We make this application and hereby consent to having septic tanks on the property emptied at three/four year periods if required for satisfactory operation or as directed by The Port Augusta City Council Manager Environmental Health Services. This will result in extra charges being added to my rates/charges being added and require payment to Council within the set period from time to time.

I / We hereby declare that the information provided in this application, attachments and accompanying plans is true and correct.

I / We hereby declare that I / We will comply with all the conditions of approval.

Penalties apply for the provision of false or misleading information.

Owner's Signature _____

Date: ____/____/____

Owners name _____-(please print in full)

Applicant's Signature _____
Date: ____/____/____

Applicants name _____-(please print in full)

NOTE: All applications must be accompanied with the appropriate fee.

Fees

\$457.00 septic application fee 17/18 (please complete other application form)

plus

Connection fee inspection \$117.00 17/18

TOTAL fees \$574.00

OFFICE USE ONLY

Septic Tank Emptied Yes / No Certified By: _____

Connection Inspection On: ____/____/____

Signed: _____