

**ENVIRONMENTAL MANAGEMENT****APPLICATION FOR CONNECTION TO THE
FLINDERS RANGES COUNCIL COMMUNITY
WASTE MANAGEMENT SCHEME**Version Number
Issued :
Next Review
GDS20:1
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5.71.6**THE FLINDERS RANGES COUNCIL**

Po Box 43, Quorn SA 5433

Telephone (08) 200 500

Email: council@frc.sa.gov.au**OFFICE USE ONLY**

ASSESSMENT NO: _____ SEPTIC APPROVAL NO: 740/S /

DATE RECEIVED: _____ FEE PAID \$ _____ RECEIPT NO: _____

NB. This form is an additional form to the normal application for septic tank installation which needs to be completed when living in a CWMS area of The Flinders Ranges Council.

I / We, the owners of the land described below, hereby apply to The Flinders Ranges Council for approval to connect effluent drains on the said land into the The Flinders Ranges Council Community Waste Management 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: _____ Email: _____

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 Please 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 ☐ 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 ☐ 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 Flinders Ranges Council.

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

septic application fee (please complete other application form) plus Connection
fee inspection

OFFICE USE ONLY

Septic Tank Emptied Yes / No Certified By: _____

Connection Inspection On:_____/_____/_____

Signed: _____