

APPLICATION FOR RESTRICTED IRRIGATION WITH RECYCLED WATER



Government of South Australia
SA Health

ABN 97 643 356 590

Wastewater Management Section
Health Protection & Licensing Services
Citi Centre Building, Level 4
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healthwastewatermanagement@sa.gov.au

This application form is for use of recycled water as follows:

- Use of recycled water suitable for *restricted* irrigation*
- Third parties accessing SA Health approved recycled water from SA Water, Local Government or private wastewater treatment plants
- Examples of recycled water suitable for restricted irrigation include water from a secondary wastewater treatment plant with disinfection, or water from a facultative wastewater lagoon.

*This form may also be used for recycled water uses other than irrigation. Separate application forms are available for recycled water suitable for unrestricted irrigation and dual-reticulation, as well as cartage of recycled water.

PLEASE PRINT CLEARLY

USE OF RECYCLED WATER

THIS APPLICATION IS FOR: *(Please tick appropriate boxes)*

- Municipal or leased municipal irrigated land *(please specify)*
- Crop irrigation *(please specify crop)*
- Additional use(s):
 - Dust suppression *(please specify)**
 - Other *(please specify)*

* Note: if carting of recycled water is proposed, please contact the Wastewater Management Section for a copy of the Recycled Water Carting Application Form

METHOD(S) OF IRRIGATION/USE: *(Please tick appropriate boxes)*

- Spray
- Drip
 - Sub-surface
 - Other *(please specify)*

THIS SYSTEM:

- Utilises existing irrigation infrastructure (*please specify*)
 - Involves installation of new irrigation infrastructure (*please specify*)
 - Other (*please specify*)

SOURCE OF RECYCLED WATER

Wastewater Treatment Plant Details:

Location: _____

Owner / Operator: _____

How will recycled water be supplied: _____

Is there an Agreement between the wastewater plant owner and recycled water user: **Y** **N**

ADDRESS / LOCATION OF IRRIGATION

NAME OF SITE/S* TO BE IRRIGATED:

Street _____ Township or Suburb _____

Street Number _____ Lot or other description _____

**multiple sites to be listed individually*

APPLICANT DETAILS

Applicant name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

OWNER DETAILS (if different from the applicant)

Owner name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

OPERATOR DETAILS

Operator name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Mob No.: _____

APPLICATION REQUIREMENTS

IMPORTANT: Please attach a Risk Management Plan (RMP) based on elements of the *Australian Guidelines for Water Recycling (AGWR)* including information as follows:

Commitment to responsible use and management of recycled water quality

1. Statement on responsibilities for management of the scheme (owner/operator/user) – who does what and who is the contact for SA Health inquiries

Assessment of the recycled water system

Site details

2. A location plan providing accurate details to locate the site/s
3. A scaled site plan/s showing:
 - irrigation pipework and associated components, including sprinkler heads (ie 180°, 90° sprinkler heads where applicable) and backflow prevention devices
 - boundaries of the site and areas to be wetted by irrigation
 - position and use of all nearby buildings, public areas and public roads
 - type, location and capacity of the recycled water storage facilities (where applicable)
 - location of watercourses, water bodies and other sensitive areas such as the coast, rivers, creeks, bores, drinking water supplies and storages (e.g. rainwater tanks)
 - location of special use sites/facilities such as BBQs, play equipment, drinking fountains

Use of recycled water

4. The source of recycled water and its approved uses
5. Proposed use of recycled water (municipal irrigation, crop irrigation, other e.g. dust suppression)
6. type and proposed use of the vegetation, crop or pasture to be planted/irrigated (not required for grass or landscape irrigation)

Infrastructure

7. method of application (e.g. inward throwing/large droplet/low throw sprinklers, drippers or subsurface irrigation)

Preventative measures for recycled water management

8. OH&S precautions (e.g. advice to employees/users of the water on hand washing after working with recycled water and before eating, smoking etc and do not drink)
9. proposed watering hours, and/or withholding periods (where applicable)
10. type and location of signage to be used e.g. "RECYCLED WATER: DO NOT DRINK"
11. precautions to minimise public access (e.g. locked valve boxes, tap handles removed)
12. marking of pipework and fittings (e.g. signage/colour coding of pipework, valves and fittings (note: existing below ground pipework will not need to be colour coded)
13. protection of drinking water supply through cross connection control and backflow prevention (e.g. specify type and location of backflow prevention devices and proposed auditing regime prior to commissioning and ongoing)

Operational procedures and process control

14. irrigation system maintenance and checks (e.g. spray irrigation function, check that water is not being delivered beyond designated irrigation areas)
15. information on automatic or manual controls including timers and alarms (and use of anemometer switching to prevent watering in windy conditions)

Management of incidents and emergencies

16. contingency plans for flooding, high rainfall periods, malfunction, spills, power outages or other impacts on the system. Note that reporting of incidents may be required by SA Health.

An **application fee** of \$533 (for the financial year 2022-23) is payable to SA Health. No GST has been charged. Payment can be made by cheque, money order or via BPay. Please retain a copy of this application for your records.

Note: SA Health may require further information to assess the application. This may include provision of engineering or design information and/or third party certification. The standard application processing time is between 4 to 6 weeks.

DECLARATION BY APPLICANT

I understand that SA Health may require further details if necessary and that failure to supply all the details referred to in this application form and any additional information requested may result in delays in processing the application.

NAME: _____

SIGNATURE: _____ DATE: _____

Please email the completed application form, application information and Risk Management Plan to:

HealthWastewaterManagement@sa.gov.au

IF EMAIL IS UNAVAILABLE, APPLICATIONS MUST BE ADDRESSED TO:

Wastewater Management Section
Health Protection & Licensing Services
Department for Health and Wellbeing
PO Box 6
RUNDLE MALL SA 5000