APPLICATION FOR PRODUCT APPROVALS OF WASTEWATER SYSTEMS

This application form is for the following types of wastewater system products:

- Septic tanks
- Aerated wastewater treatment systems
- Ancillary products
- Other biological wastewater treatment systems, such as trickling filters, rotating biological contactors etc.
- Filtration systems
- Greywater systems
- Composting toilets
- Other blackwater / toilet waste systems
- Yellow water (urine separation and/or treatment) systems
- Alternative technologies, UV, ozone etc.

ABN 97 643 356 590
Wastewater Management Section
Public Health
Citi Centre Building, Level 4
11 Hindmarsh Square
ADELAIDE SA 5000
PO Box 6
RUNDLE MALL SA 5000
Tel: (08) 8226-7100
Fax: (08) 8226-7102
Email: healthwastewatermanagement@sa.gov.au

PLEASE PRINT CLEARLY

TYPE OF WASTEWATER SYSTEM PRODUCT

Please specify the type of product you wish to obtain approval for:

- Septic tank
- Aerated wastewater treatment system (AWTS)
- Access shaft or other ancillary equipment (please specify) ________________________________
- Other biological treatment system (please specify) _______________________________________
- Filtration system (please specify) ____________________________________________________
- Greywater system (please specify) ____________________________________________________
- Composting toilet
- Other blackwater / toilet waste system (please specify) _________________________________
- Yellow water (urine separation and/or treatment) system (please specify) __________________
- Alternative technologies (please specify) _______________________________________________
PRODUCT DETAILS

NAME OF PRODUCT FOR APPROVAL:

__________________________________________________________________________________________________________

DESCRIPTION OF PRODUCT FOR APPROVAL:

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

APPLICANT DETAILS

Applicant Name: ___________________________ Contact: ___________________________

Address: __________________________________________________________________________________________

____________________________________________________________________________________________________

Phone: _______________________________ Fax: _______________________________

Email: _______________________________ Mob No.: _______________________________

MANUFACTURER DETAILS (if different from the applicant)

Name: ___________________________ Contact: ___________________________

Address: __________________________________________________________________________________________

____________________________________________________________________________________________________

Phone: _______________________________ Fax: _______________________________

Email: _______________________________ Mob No.: _______________________________

DISTRIBUTOR DETAILS (if different from the applicant and/or manufacturer)

Name: ___________________________ Contact: ___________________________

Address: __________________________________________________________________________________________

____________________________________________________________________________________________________

Phone: _______________________________ Fax: _______________________________

Email: _______________________________ Mob No.: _______________________________
APPLICATION REQUIREMENTS

IMPORTANT:
PLEASE ATTACH FULL DETAILS FOR ITEMS LISTED BELOW

1. Concept report explaining the purpose of the product and its application, taking into account information required with this form.
2. Description of the proposed treatment and/or technology to be used in the application, for the product/system as a whole and for each component as well as the function served by each mechanism.
3. Engineering calculations used to establish the size of the product/system and details of components within the system, such as sizes of pipework, tanks, chambers, pumps, aerators or any other equipment used.
4. Technical specifications including the name, model, size, description, function, location, material used, classification, duty, capacity, type of all the components and equipment within the product/system.
5. Engineering report and/or calculations for the structural soundness of the product/system.
6. Two (2) sets of separate and scaled engineering drawing(s), preferably A1 size (min. A3), to include both plan-views and cross-sectional drawings of the system as a whole and for each of its components, such as:
   - Treatment system
   - Major components
   The above drawings should include all dimensions and/or capacities of components, operational water levels etc., including (where relevant) pipework, tanks, motors, compressors, pumps, valves, diffusers, venturi, media, media fittings, disinfection systems, scum and sludge collection, baffles, partitions, electrodes, float switches, control panels and alarms.
7. A copy of the installation manual, servicing manual, homeowners operating manual (where applicable) and the recommended service details.
8. Any contingency measures for malfunctions of the product/system(s).
9. Any further information relevant to the application for approval.
10. Any evaluation report from any appropriate authority, detailing the performance of the system against the test criteria. This may include:
   Any documentation showing accreditation of the testing agency for the system (where applicable and/or available)
   AND/OR
   Any appropriate laboratory analysis reports, produced by laboratories having National Association of Testing (NATA) certification (where applicable and/or available)
   AND/OR
   Any product certification documentation from an independent product certification agency accredited by JAS/ANZ (where applicable and/or available)
   AND/OR
   Any other assessment or accreditation report for the system.

Note: Standard processing time for applications is between 4 and 6 weeks provided that the application is accurate and complete. Failure to provide all relevant information will result in delays in the assessment and approval of the application. Multiple re-submissions may result in refusal of the application resulting in an additional application fee.

All reports and drawings forming the submission must be dated and version controlled.

The application fee is $503 for the 2019-20 financial year. Once the application is received a Bpay invoice will be issued. Alternatively the fee can be paid via cheque or money order.

Note: The application will not be assessed until the fee has been received.
DECLARATION BY APPLICANT / MANUFACTURER

I supply the following details with my approval application for the wastewater system detailed above

(Tick as included)

☐ Application fee (payable to the Department for Health and Wellbeing)
☐ Concept report of the system
☐ Description of the proposed treatment and/or technology
☐ Hydraulic and pollutant loading of the system
☐ Engineering calculations regarding the sizing of the system
☐ Technical specifications for the components within the system
☐ Engineering calculations regarding the structural soundness of the system
☐ Plan-view engineering drawings
☐ Cross-sectional engineering drawings
☐ Schematic Plan of the overall system
☐ A copy of the installation manual/details
☐ A copy of the servicing manual/details
☐ A copy of the operation manual/details
☐ Contingency measures for malfunctions of the system
☐ Certification and certification report from appropriate agency (where applicable)
☐ Laboratory analysis reports (NATA registered) (where available)
☐ Additional Information (where available)

I understand that the Department for Health and Wellbeing (DHW) 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 by the DHW concerning my application above may result in delays in processing the application.

NAME: ____________________________________________

POSITION: __________________________ COMPANY: __________________________

ADDRESS: ____________________________________________

________________________________________

SIGNATURE: __________________________ DATE: ________________

APPLICATIONS CAN BE EMAILED TO:

healthwastewatermanagement@sa.gov.au

IF EMAIL IS UNAVAILABLE, APPLICATIONS MUST BE ADDRESSED TO:

Wastewater Management Section
Public Health
Department for Health and Wellbeing
PO Box 6
RUNDLE MALL  SA  5000