

ADDITIONAL INFORMATION REQUIRED

When submitting the application, please supply the following additional information.

A. Site Plan showing:

- location of the premises and the proposed system;
- effluent disposal system or irrigation areas;
- distance from watercourses & boundaries or bores; and
- north direction and dimensions of the disposal area.

B. A geotechnical report on soil profile of the area and details of the soil percolation rate is required for all land application systems.
C. System accreditation report.
Note:

All works must comply with AS/NZ 1546.1, 1546.2, 1546.3 and 1547 as applicable

HEALTH PROTECTION SERVICE CONTACT INFORMATION
Website:

www.health.act.gov.au/hps

General Enquires:

(02) 5124 9700

Email Address:

hps@act.gov.au

Fax Number:

(02) 5124 5554

Trading Hours: 9.00am – 4.30pm Monday to Friday

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED
In Person:

Health Protection Service
 Howard Florey Centenary House
 25 Mulley Street
 HOLDER ACT 2611

By Post:

Health Protection Service
 Locked Bag 5005
 WESTON CREEK ACT 2611

By Fax:

(02) 5124 5554

By Email:

hps@act.gov.au

If the application is faxed or emailed, please to do not post the original

APPLICANT DETAILS

Title:	First Name:	Last Name:
Company:		ACN:
Postal Address:		
Suburb:	State:	Postcode:
Phone BH:	Phone AH:	Mobile:
Email:		

Please select the application type:

- Application to install Application to alter

DESCRIPTION OF WORKS:

OCCUPIER DETAILS – Is the occupier the same as the applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes (go to site details)			
Title:	First Name:	Last Name:	
Company:			ACN:
Phone BH:	Phone AH:	Mobile:	
Email:			

SITE DETAILS		
Address where system is to be installed:		
Suburb:	State:	Postcode:
Geolocation Details		
Latitude coordinate:	Longitude coordinate:	

SYSTEM DETAILS	
Manufacturer:	Model:
Type of system: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Aerated Waste Water Treatment System <input type="checkbox"/> Holding Tank <input type="checkbox"/> Composting <input type="checkbox"/> Other, please specify _____	
Construction type: <input type="checkbox"/> Precast <input type="checkbox"/> Cast in situ <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fibreglass	
Non-composting systems: What is the capacity in Litres? _____ Methods of disposal: <input type="checkbox"/> Absorption Trench <input type="checkbox"/> Surface Irrigation <input type="checkbox"/> Subsurface Irrigation <input type="checkbox"/> Pumpout <input type="checkbox"/> Other, please specify: _____	
Composting Systems: Capacity: <input type="checkbox"/> Less than 5 persons <input type="checkbox"/> 5-10 persons <input type="checkbox"/> Greater than 10 persons Methods of disposal: Compost utilisation area _____ Estimated disposal frequency _____	
What is the service interval for the system? _____ ** For Aerated Waste Water Treatment Systems, service reports must be submitted to the Health Protection Service every 3 months.	

INSTALLER DETAILS			
Title:	First Name:	Last Name:	
Company:			ACN:
Plumbing Licence Details	State:	Licence Number:	
Primary Work Address:			
Suburb:	State:	Postcode:	
Phone BH:	Phone AH:	Mobile:	
Email:			

GEOTECHNICAL CONSULTANT'S DETAILS – <i>Geotechnical Report must accompany land application systems</i>		
Title:	First Name:	Last Name:
Company:		ACN:
Primary Work Address:		
Suburb:	State:	Postcode:
Phone BH:	Phone AH:	Mobile:
Email:		

DECLARATION
<p>I, _____, confirm that the information supplied on this form is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature : _____</p> <p>Date: / /</p>