



DEPARTMENT OF
HEALTH AND FAMILIES

NOTIFICATION OF SELF-CERTIFICATION FOR THE INSTALLATION OF A SEPTIC TANK OUTSIDE OF A BUILDING CONTROL AREA

Public Health (General Sanitation, Mosquito Prevention, Rat Exclusion and Prevention) Regulations

This notification applies to conventional septic tank systems installed outside a Building Control Area. It is to be completed and submitted by the Plumber to the local Department of Health and Families (DHF) environmental health office at least 7 days prior to commencement of the works. If the Environmental Health Officer elects to carry out inspection and testing, the self-certifying plumber will be notified within two (2) days of receipt of this notification. An incomplete or illegible submission may negate this notification. Self-Certification form must also be lodged within 14 days of the completion of installation of the septic tank system.

1. LOCATION OF SEPTIC TANK SYSTEM

Address _____

Premises Description _____

(e.g. 3BR house, 2BR flat/unit, 10 person office, 25 person factory, 65 seat restaurant & 5 staff, etc.)

2. DETAILS OF SEPTIC TANK SYSTEM

Type of Septic Tank _____ Material _____ Capacity _____
(Model or Brand) (e.g. Concrete, Plastic, Fibreglass) (Litres)

Type of Effluent Disposal System _____ Cell Type _____ Length _____
(e.g. soil absorption, evapotranspiration bed) (e.g. ReIn, Atlantis, etc)

Width & Depth of Trench/Bed _____ Soil Type _____ LTAR _____
(clay, loam, sand, etc) L/m²/day

Soil Classification _____
(how was the Long Term Acceptance Rate [LTAR] of the soil determined and by whom?)

3. OWNER OR OWNER'S AGENT

Name of Owner / Agent _____

Address of Owner / Agent _____

4. SELF-CERTIFYING PLUMBER

Name of Self-Certifying Plumber _____

Address of Self-Certifying Plumber _____

Telephone _____ Fax _____ Mobile _____

Plumbers and Drainers Licence No. _____

Signature _____ Date ____ / ____ / ____
Self-Certifying Plumber

5. LODGEMENT OF NOTIFICATION WITH DHF ENVIRONMENTAL HEALTH

DARWIN 2nd Floor, Casuarina Plaza Casuarina PO Box 40596 CASUARINA NT 0811 Phone: (08) 8922 7377 Fax: (08) 8922 7036	KATHERINE Ground Floor, O'Keefe House Katherine Hospital PMB 73 KATHERINE NT 0851 Phone: (08) 8973 9061 (08) 8973 9062 Fax: (08) 8973 9063	EAST ARNHEM Community Health Building Endeavour Square, Nhulunbuy PO Box 421 NHULUNBUY NT 0881 Phone: (08) 8987 0440 (08) 8987 0441 Fax: (08) 8987 0444
BARKLY Health Development Building Cnr Schmidt & Windley Sts, Tennant Creek PO Box 346 TENNANT CREEK NT 0861 Phone: (08) 8962 4302 Fax: (08) 8962 4420	ALICE SPRINGS Mwerre House 60 Hartley St, Alice Springs PO Box 721 ALICE SPRINGS NT 0871 Phone: (08) 8955 6122 Fax: (08) 8952 5927	TIWI ISLANDS (Tiwi Health Services) Block 4, Royal Darwin Hospital Rocklands Drive, Tiwi PO Box 40596 CASUARINA NT 0811 Phone: (08) 8922 8198 Fax: (08) 8922 7979



NOTIFICATION OF SELF-CERTIFICATION OF A PROPOSED INSTALLATION OF A SEPTIC TANK OUTSIDE OF A BUILDING CONTROL AREA (continued)

Address of Conventional Septic Tank System _____

Self-Certifying Plumber _____

The Self-Certifying Plumber is required to detail the following on this page:

Site Layout: showing shape of allotment and boundaries, location building(s) and structures including bores, watercourses, sheds, pools etc, location, size and details of the septic tank, IOs, risers, effluent disposal field including distance between trenches, the direction of the natural fall of the land.

Setback Distances from septic tank and effluent disposal area to site features including buildings, allotment boundaries, swimming pool, bore, watercourse, cutting, water tank, other septic tanks & effluent disposal areas.

A large grid area for drawing site layout and setback distances. The grid is composed of small squares, with a larger square grid pattern overlaid on it. The grid is intended for the self-certifying plumber to detail the site layout and setback distances as required.

SELF-CERTIFICATION OF INSTALLATION OF A SEPTIC TANK OUTSIDE OF A BUILDING CONTROL AREA

Public Health (General Sanitation, Mosquito Prevention, Rat Exclusion and Prevention) Regulations

This form is to be completed and submitted by the Plumber to the local Department of Health and Families (DHF) to the local environmental health office within **14 days of completion of installation of a septic tank system**. Details should correlate with the Notification form that was required to be submitted to DHF **at least 7 days prior to commencement of the works**.

1. LOCATION OF SEPTIC TANK SYSTEM

Address _____

Premises Description _____
(e.g. 3BR house, 2BR flat/unit, 10 person office, 25 person factory, 65 seat restaurant & 5 staff, etc.)

2. DETAILS OF SEPTIC TANK SYSTEM

Type of Septic Tank _____ Material _____ Capacity _____
(Model or Brand) (e.g. Concrete, Plastic, Fibreglass) (Litres)

Type of Effluent Disposal System _____ Cell Type _____ Length _____
(e.g. soil absorption, evapotranspiration bed) (e.g. ReIn, Atlantis, etc)

Width & Depth of Trench/Bed _____ Soil Type _____ LTAR _____
(clay, loam, sand, etc) L/m²/day

Soil Classification _____
(how was the Long Term Acceptance Rate [LTAR] of the soil determined and by whom?)

3. SELF-CERTIFYING PLUMBER

Name of Self-Certifying Plumber _____

Address of Self-Certifying Plumber _____

Telephone _____ Fax _____ Mobile _____

Plumbers and Drainers Licence No. _____

SELF-CERTIFICATION

I hereby certify that the above described works have been carried out in accordance with the previously submitted Notification details and the requirements of the Northern Territory *Code of Practice for Small On-site Sewage and Sullage Treatment Systems and the Disposal or Reuse of Sewage Effluent*.

Signature _____ Date ____ / ____ / ____
SELF-CERTIFYING PLUMBER

4. LODGEMENT OF SELF-CERTIFICATION FORM WITH DHF ENVIRONMENTAL HEALTH

DARWIN 2nd Floor, Casuarina Plaza Casuarina PO Box 40596 CASUARINA NT 0811 Phone: (08) 8922 7377 Fax: (08) 8922 7036	KATHERINE Ground Floor, O'Keefe House Katherine Hospital PMB 73 KATHERINE NT 0851 Phone: (08) 8973 9061 (08) 8973 9062 Fax: (08) 8973 9063	EAST ARNHEM Community Health Building Endeavour Square, Nhulunbuy PO Box 421 NHULUNBUY NT 0881 Phone: (08) 8987 0440 (08) 8987 0441 Fax: (08) 8987 0444
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