



DEPARTMENT OF HEALTH AND FAMILIES

APPLICATION FOR APPROVAL TO INSTALL A SEPTIC TANK OUTSIDE OF A BUILDING CONTROL AREA

THIS PROCESS ATTRACTS A \$400 FEE THAT IS PAYABLE TO THE RECEIVER OF TERRITORY MONIES
Public Health (General Sanitation, Mosquito Prevention, Rat Exclusion and Prevention) Regulations

This form and the attached layout are 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. An incomplete or illegible submission may negate this notification.

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 (Model or Brand) Material (e.g. Concrete, Plastic, Fibreglass) Capacity (Litres)

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

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

3. OWNER OR OWNER'S AGENT

Name of Owner / Agent (delete which is not applicable)

Address of Owner / Agent

Telephone Fax Mobile

4. INSTALLING PLUMBER

Name of Plumber

Address of Plumber

Telephone Fax Mobile

Plumbers and Drainers Licence No.

Signature Self-Certifying Plumber Date

5. DECLARATION OF OWNER AND / OR OWNER'S AGENT

Where the applicant is NOT the owner, then BOTH the owner's and the owner's agent's signatures are required, otherwise approval will be delayed.

I/We hereby apply for approval for the installation of septic tank herein described at the above premises and declare that the information provided in this application, attachments and accompanying plans is true and correct.

Owner(s) signature Date

Owner's Agent's signature Date

