



DEPARTMENT OF
HEALTH AND FAMILIES

**NOTIFICATION FOR THE INSTALLATION OF A PRODUCT APPROVED¹
ALTERNATIVE SEPTIC TANK SYSTEM (ASTS) FOR A
SINGLE RESIDENTIAL DWELLING IN A BUILDING CONTROL AREA²**

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

This form is **NOT** to be used for:

- ASTS installations on commercial, industrial, or residential developments involving more than one dwelling (even if the ASTS has NT Product Approval), and
- Product Approved ASTS for single residential dwellings located in Water Protection Zones³

These systems require a Site-Specific Design Approval from DHF

This notification form must be signed by the Applicant (system owner) and submitted by the Manufacturer/Agent to the relevant Environmental Health Office prior to the commencement of works. Submittal of this notification does not grant Department of Health and Families' (DHF) installation approval, as installation (including the submittal of plans) is addressed under "self-certification" procedures in the *Building Act*.

ASTS may include Aerated Wastewater Treatment Systems, Composting Toilets, and Biological Filter Systems.

- Product Approval¹ provides authorisation for sale or use of pre-manufactured ASTS in the NT.
- Building Control Areas² are those areas declared under the *Building Act*.
- Water Protection Zones³ are declared by Power and Water Corporation.

1. LOCATION OF ALTERNATIVE SEPTIC TANK SYSTEM

Address _____
(include Lot No.)

2. DETAILS OF ALTERNATIVE SEPTIC TANK SYSTEM

Type and Model of System _____

Type and size of Effluent Disposal System _____

Manufacturer / Local Agent _____

Telephone _____ Fax _____ Mobile _____

Installer _____

Service Agent _____

3. OWNER

Name _____

Postal Address _____

Telephone _____

Signature _____ Date ____ / ____ / ____

4. NOTIFICATION FOLLOW-UP

- DHF will within 5 working days, acknowledge the receipt of the notification by providing both the owner and the system manufacturer/agent with a copy of the Standard Conditions for Management and Maintenance of an ASTS. This will not prevent the applicant from proceeding with the proposed installation, however DHF Officer's may elect to inspect the installation.
- DHF will enter details of the Notification on the Health Manager database.
- DHF will advise the relevant office of the Department of Planning & Infrastructure's (DPI) Building Advisory Services of the Notification.

5. INSPECTION OF ASTS BY DPI'S PLUMBING INSPECTORS

DPI's Plumbing Inspectors will arrange with the Owner/ Plumber to inspect the ASTS. The Plumber will need to demonstrate to the Plumbing Inspector that the following site and soil assessment issues pertaining to the ASTS installation have been addressed:

- Does the site have flood potential?
- What is the Lot's rating on the DPI groundwater vulnerability map?
- What is the depth to the high water table in the wet season?
- What is the depth to bedrock?
- Is the land application area located to maximise evaporation?
- Is there excessive slope that may cause uneven distribution of effluent to land?
- Is there erosion potential?
- Is there run-on of rainfall or upslope seepage onto the effluent disposal area?
- Is the site well drained?
- Is there fill on the site?
- What is the horizontal distance from the ASTS to the nearest bore?
- What are the setbacks from the ASTS to water bodies, boundaries & buildings?
- Was sufficient land available for the effluent disposal area?
- Are there surface rocks?
- How was the soil LTAR determined and by whom?
- Does the site have reticulated water?
- What is the approximated distance to the nearest sewage connection point?
- How many people are expected to live at the residence?
- What is the size of the disposal area and has it been signposted?

All ASTS effluent disposal areas for residential dwellings must be subsurface/shallow subsurface and not comprise spray irrigation.

6. LODGEMENT OF NOTIFICATION WITH DHF ENVIRONMENTAL HEALTH

<p>DARWIN 2nd Floor, Casuarina Plaza Casuarina PO Box 40596 CASUARINA NT 0811 Phone: (08) 8922 7377 Fax: (08) 8922 7036</p>	<p>KATHERINE Ground Floor, O'Keefe House Katherine Hospital PMB 73 KATHERINE NT 0851 Phone: (08) 8973 9061 (08) 8973 9062 Fax: (08) 8973 9063</p>	<p>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</p>
<p>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</p>	<p>ALICE SPRINGS Mwerre House 60 Hartley St, Alice Springs PO Box 721 ALICE SPRINGS NT 0871 Phone: (08) 8955 6122 Fax: (08) 8952 5927</p>	<p>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</p>