

# Application to Install a Greywater Reuse System

To obtain the necessary information to complete this form, you will need to refer to the individual product approval conditions along with the setback distances specified in the South Australian health commission code **Waste Control Systems - Standard for the Construction, Installation and Operation of Septic Tank Systems in South Australia**.

The “**Standard**” and “**Supplements**” can be purchased from the South Australian Health Commission Public & Environmental Health Service Office or viewed at <http://www.health.sa.gov.au/pehs/publications/publications.htm> (Standards: Waste Control Systems)

Failure to provide the correct information, which must include a detailed assessment of the land capability of the site (i.e. suitability of the site for the disposal of greywater via the subsurface piped irrigation trench system) will result in approval delays.

A fee (as determined by the relevant authority) and **two copies** of the detailed building, site and irrigation trench plan including setback distances must accompany the application for **each** Greywater Reuse System.

Please contact the relevant authority for details regarding the fee and method of payment. The relevant authority is:-

- the local Council for the area where the system is to be installed.

**\* \* \* Please Print Clearly \* \* \***

## 1. Location of Installation

Street \_\_\_\_\_ Township/Suburb \_\_\_\_\_  
Street Number \_\_\_\_\_ Lot or Pt. Lot Number \_\_\_\_\_

Where the installation is **not** located in a defined township, please provide a location plan with clear directions and the following information....

Hundred of \_\_\_\_\_ Section or Pt. Section \_\_\_\_\_

## 2. Owner / Plumber Details

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Township/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Licensed Plumber's Name \_\_\_\_\_

Plumber's Address \_\_\_\_\_

Township/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

## 3. Premises and System Details

Premises Description (ie. house, flats/units, offices etc.) \_\_\_\_\_ Number of Persons \_\_\_\_\_

For Units/Flats etc.	Number of Units/Flats	Number of bedrooms & persons per unit/flat
eg. 3 units with 2 bedrooms & 1 unit with 3 bedrooms = 9 bedrooms & 18 persons		

Information required to calculate Disposal System Requirements (tick as appropriate)

**Water supply to premises**

Reticulated mains water (includes any supply from dam or river)  Roof catchment or storage or carted supply

**Occupation conditions**

Full-time occupation  Intermittent occupation (no reduction in system size permitted for intermittent use)

**Non-residential premises**

If additional information is required to assist in approval, please attach details on a separate sheet (e.g. anticipated frequency of use for hotel/motel).

**For Constant Use** - state **total number** of persons using the system: \_\_\_\_\_

**For Variable Use** - state **total number** of persons using the system **each day** over a 7 day period (highest number over 12 months) and indicate below the number for each day.

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**4. Greywater Reuse Applications**

Greywater to be sourced / reused from (*tick as appropriate*)

Bath Greywater ONLY

Laundry Greywater ONLY

Bath and Laundry Greywater

Provide details: \_\_\_\_\_

**5. Greywater Ruse System to be Installed**

Greywater Ruse System Manufacturer: \_\_\_\_\_

Product Model No.: \_\_\_\_\_

**6. Land Capability Assessment Details**

This section relates specifically to the area designated for the subsurface piped trench irrigation system.

**Site Details**

Land slope (percentage gradient) \_\_\_\_\_ Flooding frequency (eg. once in 7 years) \_\_\_\_\_

Depth to permanent/seasonal or tidal water table (mm) \_\_\_\_\_ Depth to bedrock (mm) \_\_\_\_\_

**Soil Classification**

Attach details of soil classification assessment, providing a description of the soil at each horizon taken to a depth of three (3) metres, or 500mm beyond the intended level of the base of the selected soil horizon for the subsurface disposal system - whichever is the greater. The description should include an induction of the likely permeability of each soil horizon and its suitability of the proposed disposal system. Several test boreholes should be taken within the area of the proposed soakage system. The test holes shall be identified and their location indicated on the site plan.

**Soil Permeability (Percolation)**

Where the soil assessment indicates a soil type such as clay or where it is known that that soil type is unlikely to be suitable for long term effluent disposal, recognised percolation tests (*eg. **Static or Falling Head Tests using 100mm diameter ore holes***) should be carried out on the area and within the selected soil horizon where the disposal system is to be located. The test holes shall be identified and their location indicated on a site plan.

Attach results of percolation tests carried out using a recognised test method, or show results below

**Test method** *(tick as appropriate)*       Static Head Test    or     Falling Head Test  
 Duration of pre-soaking (hours) \_\_\_\_\_ Depth of water used to conduct test (mm) \_\_\_\_\_  
 Diameter of test hole (mm) \_\_\_\_\_

Test hole number	1	2	3	4	5
Depth test taken (mm)					
Results (mm/hr) see <b>Note!</b>					

**Note! Only record results when fall rate is constant**

Please provide certification from a geotechnical engineer that the installation and operation of the subsurface disposal system will not have any impact on the structural integrity of the building(s) on the site or adjoining sites.

## 7. Disposal Methods (Irrigation Trench Area)

### Calculation of Required Contact Area for Sub-surface Disposal

**Greywater percolation rate** as calculated *(in litres/square meter/day)* \_\_\_\_\_

**Required irrigation trench lengths for sub-surface disposal** as calculated *(in metres)* \_\_\_\_\_  
*Depth below natural ground surface to top of trench or bed = 100mm (recommended)*

### Proximity to a Water Source

Is the proposed effluent disposal system to be installed in any of the following locations? *(tick as appropriate)*

- Within 50m of a well, dam used or likely to be used for human or domestic purposes.       Yes     No
- Within 50m of a watercourse as identified on a 1:50 000 DENR\* topographic map and used or likely to be used for human or domestic purposes.       Yes     No
- Within 100m of the pool level of the River Murray and Lakes.       Yes     No
- Within 1956 River Murray and Lakes flood zone.       Yes     No
- Above shallow underground water supplies used for human or domestic purposes.       Yes     No
- Within 100m of the mean high water mark along coastal foreshore areas.       Yes     No
- Within 50m of a water source used for agricultural, aquacultural or stock purposes.       Yes     No
- In an area likely to be subject to flooding or inundation in a 1:10 year return event.       Yes     No

\* DENR - Department of Environment and Natural Resources

If **YES** to any of the above, please provide full details including location, depth and measurements with the application.

## 8. Declaration & Signature of Owner and Applicant

**Note!** Where the applicant is **not** the owner, then **both** the owner's and the applicant's signatures are required, otherwise approval will be delayed. The owner should ensure that this form is completed **before** signing.

I/We hereby declare that the information provided in this application, attachments and accompanying plans is true and correct.

Penalties apply for the provision of false or misleading information.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Plumber's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note!** All applications must be accompanied with the appropriate fee. Please contact the relevant authority for details.