|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Start of form | | | | | | | | | | | | | | |
| This form applies to the following types of applications:   * Application for a product approval of an on-site wastewater management system * Application to vary a product approval of an on-site wastewater management system * Application to extend a product approval of an on-site wastewater management system.   It applies to on-site wastewater management systems (OWMS) including: | | | | | | | | | | | | | | | |
| * Septic tanks * Aerated wastewater treatment systems * Secondary treatment systems | | | | | | | | * Greywater systems * Composting toilets * Alternative technologies | | | | | | | |
| Instructions | | | | | | | | | | | | | | | |
| 1. Read the latest version of the Code of Practice for Product approval of On-site Wastewater Management Systems on the [Northern Territory Government website](https://nt.gov.au/property/building/install-a-wastewater-system/wastewater-management/outside-building-control-areas)[[1]](#footnote-1). 2. Fill out the below application and ensure that all details are accurate and complete 3. All drawings or specifications must:    * conform to the general standard of drawing practice included AS1100    * be prepared by an appropriately qualified engineer or other qualified person with knowledge and experience in wastewater management and design 4. Any claims or statements made by the supplier or designer must be backed up by appropriate supporting documentation and/or expert opinion(s) 5. Do not include information which is not relevant to the system for which approval is being sought as this will only delay the approval process 6. All commercial-in-confidence material must be clearly identified 7. Industry standard terminology and symbols must be used in the application documentation 8. For systems tested outside Australia, a copy of the international test results and reports are to be submitted along with information specified in this application form 9. Submit all written and electronic (email or USB) information detailed in checklist of section 7 10. Where information that is requested in the application is cited as ‘not applicable’, include a page referencing the item and a statement explaining why it is not applicable 11. Pay the application fee and lodge the application as detailed in section 8 12. Applications will not be assessed until the Department of Health (DoH) receives receipt of fee payment from Receiver of Territory Monies 13. Approvals are issued for a period of five (5) years unless otherwise specified by DoH   **Important: Incomplete applications will be returned to the applicant.**  For assistance with completing this application form, contact DoH Public Health Directorate on (08)  8922 7152 and refer to Northern Territory Government website1.  **Note: Information contained in the complete application form may be shared with interstate on-site wastewater regulators for the purpose of peer review and national consistency.** | | | | | | | | | | | | | | | |
| 1. Type of application | | | | | | | | | | | | | | | |
| * 1. Application for a product approval of an OWMS | | | | | | | | | | | | | | |  |
| * 1. Application to vary a product approval of an OWMS | | | | | | | | | | | | | | |  |
| * 1. Application to extend a product approval of an OWMS | | | | | | | | | | | | | | |  |
| 1. Manufacturer or Importer’s details | | | | | | | | | | | | | | | |
| * 1. Applicant name (full name of individual or company name) | | | | | |  | | | | | | | | | |
| * 1. Registered business name | | | | | |  | | | | | | | | | |
| * 1. Australian company no. (ACN) | | | | | |  | | | | | | | | | |
| * 1. Australian business no. (ABN) | | | | | |  | | | | | | | | | |
| * 1. Address of registered or principal office | | | | | |  | | | | | | | | | |
| * 1. Postal address | | | | | |  | | | | | | | | | |
| * 1. Name and address of NT agent(s) - if different from above | | | | | |  | | | | | | | | | |
| * 1. Name of contact person | | | | | |  | | | | | | | | | |
| * 1. Contact details | | | Phone | | |  | | | | | | | | | |
| Mobile | | |  | | | | | | | | | |
| Email | | |  | | | | | | | | | |
| Website | | |  | | | | | | | | | |
| 1. On-site wastewater management system details | | | | | | | | | | | | | | | |
| * 1. Name & model no. of the system (provide all model numbers if application is for multiple systems designed on a base system) | | | | | | |  | | | | | | | | |
| * 1. Wastewater source (select ONE only) | | | | | | | | | | | | | | | |
| All wastewater (blackwater and greywater)  All wastewater (excluding urine)  Greywater (including kitchen wastewater)  Greywater (no kitchen wastewater) | | | | | | | | | Blackwater (toilet water including urine)  Blackwater (toilet water without urine)  Faeces and urine only  Faeces only | | | | | | |
| * 1. Maximum hydraulic load of each model (L/day) | | | | | | | | | | |  | | | | |
| * 1. Maximum number of equivalent persons (EP) for residential installations | | | | | | | | | | |  | | | | |
| * 1. Maximum organic load of each model (g/day BOD5) | | | | | | | | | | |  | | | | |
| * 1. Treatment types (select ALL that apply) | | | | | | | | | | | | | | | |
| **Primary treatment**  Anaerobic septic tank  Aerobic biological filter (wet composting / vermiculture)  Dry composting toilet  Greywater diversion device (GDD)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Secondary treatment**  Sewage ejection pump station  Aerated wastewater treatment system (AWTS)  Greywater treatment system (GTS)  Aerobic biological filter (wet composting / vermiculture)  Electro-flocculation  Membrane filtration  Ozonation  Reed bed  Sand filter  Trickling filter / Packed bed reactor  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Disinfection**  Chlorine / bromine  Ultra-violet light  Ozonation  Heat  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **Effluent end use** | | | | | | | | | | | | | | | |
| * 1. Identify the end uses for the treated water, or residual liquid from a dry composting toilet (select ALL applicable) | | | | | | | | | | | | | | | |
| Not applicable (no effluent)  Infiltration / soil absorption trench  Evapo-transpiration bed/trench  Mound | | | | | | | | | Subsurface irrigation  Surface irrigation  Toilet flushing  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| * 1. Identify the end use or deposition of the sludge or composted biosolids (select ALL applicable) | | | | | | | | | | | | | | | |
| Tankered off-site to a sewage treatment plant  Discharge to sewer  Composted and buried on-site  Composted and taken off-site | | | | | | | | | Not applicable (no residual sludge / compost does not need to be extracted  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Energy consumption and maintenance** | | | | | | | | | | | | | | | |
| * 1. List the brand, model and type of each electrical component of the system, including any fans, aerator pumps and the irrigation pump for secondary treated effluent.   Attach additional sheets if required. This information will be used to calculate an approximate yearly energy usage in kWh/year and running cost in dollars. | | | | | | | | | | | | | | | |
| **Electrical component (brand, model, type)** | | | | | **Energy rating in Watts of each component** | | | | | | | | **Typical daily hours of operation for a 3 bedroom house** | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | |
| * 1. State the maintenance or servicing intervals as required by the manual | | | | | Maintenance / service is required every \_\_\_\_\_ months.  The regime is details on page \_\_\_\_\_ of the manual. | | | | | | | | | | |
| 1. **Accreditation by jurisdictions in other states** | | | | | | | | | | | | | | | |
| * 1. List other states or territories where you have and/or will apply for approval/accreditation in the next six (6) months. Include certificate numbers and dates where applicable. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **System and end-product quality assurance protocols** | | | | | | | | | | | | | | | |
| * 1. Select all the quality assurance programs used to assess the: * performance of the treatment system * structural integrity of the components of the system * quality of the water or compost end of product. | | | | | | | | | | | | | | | |
| AS/NZS 1546.1:2008 Onsite domestic wastewater treatment units – Septic tanks  AS/NZS 1546.2:2008 Onsite domestic wastewater treatment units – Waterless composting toilets  AS 1546:3:2017 Onsite domestic wastewater treatment units – Secondary treatment systems  AS 1546.4:2016 Onsite domestic wastewater treatment units – Domestic greywater treatment systems | | | | | | | | | | | | | | | |
| 1. **Checklist of required documents** | | | | | | | | | | | | | | | |
| **Documents required** | | | | | | | | | | | | | | **Ref no. of the item in attached document or N/A** | |
| * 1. Table of contents of the documentation accompanying this form | | | | | | | | | | | | | |  | |
| * 1. Covering letter and overview of the system describing any special features and recommended land application system | | | | | | | | | | | | | |  | |
| * 1. Detailed description of the treatment train and processes including a description of the equipment and process that returns sludge from the secondary chamber to the primary chamber (a manually operated sludge return system is not acceptable) | | | | | | | | | | | | | |  | |
| * 1. Detailed description of any alarm system associated with the system | | | | | | | | | | | | | |  | |
| * 1. Manufacturer’s membrane specification sheets | | | | | | | | | | | | | |  | |
| * 1. Manufacturer’s specification sheets for all electrical components | | | | | | | | | | | | | |  | |
| * 1. Manufacturer’s specification sheets for the UV unit including the wavelength range, maximum flow rate per minute, lamp intensity, lamp life and any transmissivity monitoring | | | | | | | | | | | | | |  | |
| * 1. Engineering drawings in plan view and cross-sectional view of the tanks, internal components, effluent storage container and pipe work of all models | | | | | | | | | | | | | |  | |
| * 1. Schematic diagram of the system in plan form and cross-sectional view of the tanks, chambers, components, sludge return mechanism and pipe work of all models including the flow path of the wastewater (A4 size in PDF format) | | | | | | | | | | | | | |  | |
| * 1. A series of photographs of a treatment system of the same type showing detail of installation processes and typical post installation setting | | | | | | | | | | | | | |  | |
| * 1. Description of any nutrient reduction equipment or mechanism, an explanation of its processes and justification of its long-term capability | | | | | | | | | | | | | |  | |
| * 1. Quality Assurance (QA) Certificate of the applicant’s company to StandardsMark QA program or equivalent (i.e. ISO9000, ISO type 5) | | | | | | | | | | | | | |  | |
| * 1. Certificate of Accreditation by JAS-ANZ of the company (third party Conformity Assessment Body) conducting and reporting on the tests | | | | | | | | | | | | | |  | |
| * 1. Produce Certificate(s) issued by a JAS-ANZ accredited company in accordance with: * AS/NZS 1546.1 (2008) Cert No. * AS/NZS 1546.2 (2008) Cert No. * AS/NZS 1546.3 (2017) Cert No. | | | | | | | | | | | | | |  | |
| * 1. Product Certification Report issued by a JAS-ANZ accredited company in accordance with: * AS/NZS 1546.1:2008 Report No. * AS/NZS 1546.2:2008 Report No. * AS 1546.3:2017 Report No. * AS 1546.3:2017 Report No. | | | | | | | | | | | | | |  | |
| * 1. Certificates of Approval from other Australian States and Territories | | | | | | | | | | | | | |  | |
| * 1. Warranty of service life | | | | | | | | | | | | | |  | |
| * 1. Owner’s manual (in PDF format) | | | | | | | | | | | | | |  | |
| * 1. Installation manual (including site installation plan) | | | | | | | | | | | | | |  | |
| * 1. Operation and maintenance manual | | | | | | | | | | | | | |  | |
| * 1. Sample service agreement | | | | | | | | | | | | | |  | |
| * 1. Sample inspection / maintenance record sheet | | | | | | | | | | | | | |  | |
| 1. **Application fee for product approval** | | | | | | | | | | | | | | | |
| * 1. The fee and payment options for the ‘Application for grant of product approval’ are on the Northern Territory Government website1. | | | | | | | | | | | | | | | |
| 1. **Certification that all of the information supplied is accurate and complete** | | | | | | | | | | | | | | | |
| * 1. Full name of applicant | | | |  | | | | | | | | | | | |
| * 1. Position in company | | | |  | | | | | | | | | | | |
| * 1. Company address | | | |  | | | | | | | | | | | |
| * 1. Phone number | | | |  | | | | | | | | | | | |
| * 1. Certification - I certify that the information contained in this application, including attachments, is accurate and complete. | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | Date | |  | | | |
| How to lodge this application The application and receipt of fee payment should be emailed to:  Department of Health  Public Health Directorate  Public Health and Clinical Excellence Division  5th floor, Manunda Place  38 Cavenagh Street, Darwin NT 0800  PO Box 40596, Casuarina NT 0811  Phone (08) 8922 7152  [wastewater@nt.gov.au](mailto:wastewater@nt.gov.au) | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | |

1. https://nt.gov.au/property/building/install-a-wastewater-system/wastewater-management/outside-building-control-areas [↑](#footnote-ref-1)