|  |  |
| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |

|  |
| --- |
| This form applies to:* a wastewater management system that treats more than 2,000 litres per day
* a series of wastewater management systems that treat more than 2,000 litres per day
 |
| Before you fill in the form Sections 1 to 8 must be completed.  |
| Notification detail |
| **System owner** |
| **Name** |  |
| **Title** |  |
| **Company/Organisation** |  |
| **ABN** |  | **ACN** |  |
| **Street No** |  | **Street name** |  |
| **Suburb/Town/City** |  | **State** |  | **Postcode** |  |
| **Postal address** |  | **Suburb/Town/City** |  |
| **State** |  | **Postcode** |  |
| **Email** |  | **Website** |  |
| **Phone Number** |  | **Mobile Number** |  |
| **Applicant’s signature** |  | **Date** |  |
| **Location of wastewater management system (WMS)** |
| **Lot No.** |  | **Street No.** |  |
| **Street** |  | **Suburb/Town/City** |  |
| **Name of business/building/complex/site** |  |
| **Site specific location details: Add detail to describe location of WMS on large or complex sites** |  |
| **Type of notification** |
| **Type of notification** | [ ]  New notification[ ]  Variation of an existing notification |
| General and supporting information |
| Provide a summary of the proposed WMS providing detail of the system loading, treatment technology, effluent disposal system, site location and any site constraints |
|  |
| Wastewater management system |
| Wastewater treatment types |
| Primary treatment | [ ]  Septic tank[ ]  Greywater diversion device (GDD)[ ]  Waste stabilisation ponds[ ]  Other: |
| Secondary treatment | [ ]  Secondary treatment system (STS)[ ]  Greywater treatment system (GTS)[ ]  Electro-flocculation[ ]  Membrane bioreactor (MBR)[ ]  Moving bed biofilm reactor (MBBR)[ ]  Ozonation[ ]  Reed bed[ ]  Rhizopod system[ ]  Integrated transpiration system (ITS)[ ]  Sand filter[ ]  Trickling filter/Packed bed reactor[ ]  Other |
| Disinfection | [ ]  Chlorine/bromine[ ]  Ultra-violet light[ ]  Ozonation[ ]  Heat[ ]  Other |
| Manufacturer’s detail |
| Name & model number of the WMS |  |
| WMS manufacturer (Company name) |  |
| Street name |  | Suburb/Town/City |  |
| State |  | Postcode |  |
| Postal address |  | Suburb/Town/City |  |
| Contact person |  |
| Position |  |
| Email |  |
| Website |  |
| Contact numbers |  |
| WMS loading parameters - Capacity |
| Maximum domestic wastewater flow the WMS is designed to treat |  | (L/day) |
| Maximum organic load the WMS is designed to treat |  | (g/day) |
| Total capacity of primary tanks |  | (L) |
| Total capacity pump stations |  | (L) |
| Total capacity of balance tanks |  | (L) |
| Total capacity of secondary tanks |  | (L) |
| Details of any pre-treatment devices if trade waste is discharged to the WMS |  |
| Type of alarm system | [ ]  Audible | [ ]  Visual | [ ]  SCADA | [ ]  Electronic notification | [ ]  Not applicable |
| WMS loading parameters - Design Flow |
| Design domestic wastewater flow of the WMS*i.e. estimated hydraulic flow to be treated by the WMS* |  | L/day |
| Design organic load of the WMS*i.e. estimated organic load to be treated by the WMS* |  | (g/day) |
| Number of equivalent persons (EP) serviced by the WMS |  |
| Number of sanitary fixtures to be connected to the WMS | Shower | Bath | Basin | Trough | Sink | Toilet |
|  |  |  |  |  |  |
| Installation |
| Installation company |  |
| Plumbers and drainers licence no. |  |
| Company/Organisation |  |
| Postal address | Street no |  | PO Box |  |
| Street name |  |
| Suburb/Town/City  |  |
| State |  | Postcode |  |
| Contact person |  |
| Email |  |
| Contact number | Phone |  | Mobile  |  |
| System maintenance  |
| **Operator/maintenance contractor** |  |
| Postal Address | Street no |  | PO Box |  |
| Street name |  |
| Suburb/Town/City  |  |
| State |  | Postcode |  |
| Contact Person |  |
| Email |  |
| Contact numbers |  |
| System performance |
| Effluent quality  |
| Proposed effluent quality after treatment | BOD5 |  | mg/L |
| Suspended Solids |  | mg/L |
| Free Residual Chlorine |  | mg/L |
| *E. coli* |  | cfu/100mL |
| pH |  |  |
| **Additional information** |  |
| Site and soil evaluation |
| For WMS that dispose of treated wastewater to a land application area, a thorough site and soil evaluation must be undertaken and evidence of this provided with the application. DoH recognises site-and-soil evaluation in accordance with AS/NZS 1547:2012 On-site domestic wastewater management. |
| Site and soil assessment AS/NZS 1547:2012  |
| Soil category and Textural classification |
| Textural classifications | Sand | Sandy loam | Loam | Clay loam | Silty clay | Clay |
| AS/NZS 1547:2012 | 1 | 2 | 3 | 4 | 5 | 6 |
| Select | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Site assessor detail  |
| **Company** |  |
| Postal Address | Street no |  | PO Box |  |
| Street name |  |
| Suburb/Town/City  |  |
| State |  | Postcode |  |
| Contact Person |  |
| Email |  |
| Contact numbers |  |
| Wastewater disposal |
| Design Irrigation Rate (DIR)/ Design Loading Rate (DLR) |
| DIR/DLR utilised for sizing of land application area |  |
| Effective area of land application area |  |
| Effluent disposal system |
| Identify the end uses for the treated wastewater, or residual liquid from a dry composting toilet. |
| [ ]  Infiltration/soil absorption trench[ ]  Evapotranspiration bed/trench[ ]  Mound system[ ]  Surface irrigation | [ ]  Soil aquifer treatment[ ]  Point discharge to waterway[ ]  Subsurface irrigation[ ]  Rhizopod system[ ]  Integrated transpiration system | [ ]  Passive usage/ornamental[ ]  Dust suppression[ ]  Municipal irrigation[ ]  Other |
| Setback distances |
| Setback distances from the land application area to the nearest: |
| Bore |  | metres | Swimming pool |  | metres |
| Watercourse, Lake, Dam |  | metres | Driveway, paved surface |  | metres |
| Building |  | metres | Site boundary |  | metres |
|  |  |  |  |  |  |
| Setback encroachments on neighbouring properties |
| Have all neighbouring properties that adjoin the property of the proposed WMS been considered for setback encroachments. Include road reserves, crown land, and private properties? | Yes[ ]  | No[ ]  | If no, then explain below |
|  |
| Easements or covenants |
| Are there any easements or covenants that will be influenced by the WMS? | Yes[ ]  | No[ ]  | If no, then explain below |
|  |
| Statement of authority of adjoining land owners |
| Attach a statement of authority of any adjoining land owners whose allotment may be affected by the installation of the WMS. | Yes[ ]  | No[ ]  |  |
| Waste discharge licence |
| Does the WMS dispose to a waterway or waterbody? | Yes | No | If yes, then contact the Department of Environment, Parks and Water Security regarding a waste discharge licence |
| [ ]  | [ ]  |
| Hydraulic consultant - Certifying Engineering (Hydraulic) or Certifying Plumber and Drainer (Design) |
| **Company** |  |
| [NT Building Practitioner Registration No.](https://bpb.nt.gov.au/) |  |
| Postal Address | Street no |  | PO Box |  |
| Street name |  |
| Suburb/Town/City  |  |
| State |  | Postcode |  |
| Contact Person |  |
| Email |  |
| Contact numbers |  |
| Documentation to be provided to the WMS owner by the hydraulic consultant upon completion of works |
| The WMS owner must acknowledge that the following documentation will be prepared by the hydraulic consultant and retained by the WMS owner. The Department of Health reserves the right to request the WMS owner to produce the following documentation for inspection or audit. |
| Site-and-soil evaluation report in accordance with AS/NZS1547:2012 - Section 7.4 | [ ]  |
| Design report in accordance with AS/NZS1547:2012 - Section 7.4 | [ ]  |
| Installation and commissioning report in accordance with AS/NZS 1547:2012 - Section 7.4 | [ ]  |
| Maintenance report in accordance with AS/NZS 1547:2012 - Section 7.4 | [ ]  |
| Certification of system design by hydraulic consultant | [ ]  |
| Certification of system installed by licensed plumber and drainer | [ ]  |
| Photos of installation by licensed plumber and drainer | [ ]  |
| How to lodge this notificationThe notification and receipt of fee payment should be emailed to:Department of HealthPublic Health DirectoratePublic Health and Clinical Excellence Division5th floor, Manunda Place38 Cavenagh Street, Darwin NT 0800PO Box 40596, Casuarina NT 0811Phone (08) 8922 7152wastewater@nt.gov.au |  |

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| End of form |