# Application for new or to renew on-site waste water management system

*Building Act 2016*

**On-site waste water management system** means “an on-site system for the management of waste water that is a disposal or treatment system servicing one or more blocks; or an on-site composting toilet or system; or an on-site incinerating toilet”

## On-Site Waste Water Management System Accreditation

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| **Instructions:**   1. Contact Consumer, Building and Occupational Services to ensure you have the latest application form and to get advice. 2. Fill out the application form and ensure that all details are accurate and complete. 3. Attach all written and electronic (on USB) information detailed in checklist section 9.0 4. Post the completed application form and all attachments to the Director of Building Control – c/o Plumbing Standards and Regulation (address above). 5. Complete payment information at bottom of this form ensuring all provided information is correct. |

### Supplier / manufacturer details

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| **1.1** Full Name of Supplier  **‘Supplier’** means the party responsible for ensuring that the systems meet and, if applicable, continue to meet the requirements on which the accreditation is based |  |
| **1.2** Supplier’s registered business name |  |
| **1.3** Australian Company No. (ACN) |  |
| **1.4** Australian Business No. (ABN) |  |
| **1.5** Manufacturer’s details (if not Supplier) |  |
| **1.6** StreetAddress of Registered or Principal Office |  |
| **1.7** Postal address |  |
| **1.8** Name and address of Tasmanian agent if different from above |  |
| **1.9** Name of Contact Person |  |
| **1.10** Contact details | Phone: ………………………………………………….…..…...  Mobile: …………………………………………………….……  Fax: …………………………………………………………..…  Email: …………………………………………………………...  Website: ……………………………………………………… |

### Consultant details (if applicable)

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| **2.1** Provide the details of the consultant who prepared this application on behalf of the supplier / manufacturer.  (if applicable) | Name: …………………………………………………………..…  Organisation: ………..…………………………………….………  Phone / Mobile …………………………………………………..…  Email: ………………………………………………………..……. |

### On-site waste water management system details

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| **3.1** Name and Model No. of system |  |
| **3.2** Wastewater source  (circle 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 |
| **3.3** State the design capacity of each model (number of persons) | ……… Persons  Page reference to specifications in application …..…. |
| **3.4** State the maximum hydraulic load of each model (L/day) | ……… L/day  Page reference to specifications in application …..…. |
| **3.5** State the maximum organic load of each model (g /day BOD5) | ……… g /day BOD5  Page reference to specifications in application ……... |
| **3.6** Treatment types (Circle ALL that apply) |  |
| **3.6.1 Primary treatment** | Anaerobic Septic tank  Aerobic Biological Filter (Wet composting / Vermiculture)  Dry composting |
| **3.6.2 Secondary treatment** | Aerated Wastewater Treatment System (AWTS)  Aerobic Biological Filter (Wet composting / Vermiculture)  Electro-flocculation  Membrane Filtration  Ozonation  Reed bed  Sand Filter  Trickling Filter / Packed Bed Reactor  Other: |
| **3.6.3 Disinfection** | Chlorine / Bromine  Ultra-Violet Light  Ozonation  Heat  Other: |

### Effluent end use

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| **4.1** Identify the end uses for the treated water, or residual liquid from a compost system  (circle ALL options) | Not Applicable (no effluent)  Infiltration/soil absorption trench  Evapo-transpiration bed/trench  Mound  Subsurface irrigation  Surface irrigation (drip under mulch)  Surface irrigation (spray)  Toilet flushing |
| **4.2** Identify the end use or disposition of the sludge or composted bio solids  (circle ALL options) | Tankered off-site to a sewage treatment plant  Discharged 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: |

### Energy consumption and maintenance

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| --- | --- | --- | --- |
| **5.1** 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 sheet 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 | Av. daily hours of operation of each component for  4-person house |
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| **5.2** State the maintenance or servicing intervals as required in the Manual | Maintenance / Service is required every ……….. months.  The regime is detailed on page ….. of the ………….. Manual | | |

### Accreditation/authorisation by jurisdictions in other states

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| **6.1** List other states or territories where you have, or have applied for, accreditation.  Include current Certificate/authorisation numbers and dates. |  |

### Test regime

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| **7.1** State the commencement date and the completion date of the water quality or compost end product quality testing regime | Commenced (DD/MM/YY) ………………………………  Completed (DD/MM/YY) ………………………………… | | | |
| **7.2** State the site name and address of the testing site(s) | Site name: ………………………………………..……………….  ………………………………………………………….………….  Address: ……………………….……………………..…..………. | | | |
| **7.3** List the dates of the scheduled and non-scheduled visits to the testing site during the six month testing regime  Attach a separate sheet if insufficient space |  | | | |
| **7.4** Indicate the water quality standard that more than 90% of the effluent samples taken throughout the testing regime have achieved  NOTE: The 10/10/10 & 10/10 standards are only applicable to “all-waste” or “greywater” treatment systems that have been accredited in accordance with the NSW Health Domestic Greywater Treatment Systems Accreditation Guidelines (February 2005) or equivalent | **Tick Here** | **BOD**  **(mg/L)** | **SS**  **(mg/L)** | **E.coli**  **(cfu/100mL)** |
|  | <10 | <10 | <10 |
|  | <10 | <10 | n/a |
|  | <20 | <30 | <10 |
|  | <20 | <30 | n/a |
|  | Primary standard | | |
| **7.5** State the Nitrate concentration that >90% of the effluent samples taken during the testing regime achieved (optional) | mg/L NO3-N  Page reference to test results in application: ……… | | | |
| **7.6** State the Total Phosphorus concentration that >90% of the effluent samples taken during the testing regime achieved (optional) | mg/L TP  Page reference to test results in application: ……… | | | |
| **7.7** List other water quality parameters that were monitored during the testing regime |  | | | |
| **7.8** State the manufacturer-nominated temperature range in accordance with AS/NZS 1546.3 cl. 2.4.3 and Appendix A2, or AS/NZS 1546.2  cl 3.5.2 | Range: from …………. to …………. degrees Celsius  Tests must be conducted to verify this range.  Page reference to test results in application: ………  Page reference to temperature specifications in manual: …… | | | |

### System and end-product quality assurance protocols

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| **8.1** Circle all the quality assurance programs used to assess:   * the performance of the treatment system, * the structural integrity of the components of the system, and * the quality of the water or compost end product. | AS 1547 :2012 On-site domestic wastewater management  AS 1546.1 :2008 On-site domestic wastewater treatment units – Septic tanks  AS 1546.2 :2008 On-site domestic wastewater treatment units – Waterless composting toilets  AS 1546.3 :2017 On-site domestic wastewater treatment units – Secondary treatment systems  AS 1546.4 :2016 On-site domestic wastewater treatment units – Domestic greywater treatment systems  EPA Victoria Publication 760 Guidelines for Aerated Wastewater Treatment Systems  NSW Health Domestic Greywater Treatment Systems Accreditation Guidelines (Published February 2005)  Queensland Plumbing and Wastewater Code (Published 26 October 2017)  Other (i.e. international standards): |

### Checklist of required documents

All the following documents (one bound paper copy plus eight (8) electronic copies on CD-ROM) must be posted with the completed application form.

| **Document Required** | Type the reference number of the item in the attached document or type ‘not applicable and provide explanation’ |
| --- | --- |
| **9.1** Table of contents of the application. |  |
| **9.2** Covering letter and overview of the system describing any special features and typical land application system. |  |
| **9.3** Detailed description of the treatment train and processes |  |
| **9.4** Detailed description of the water quality sampling mechanism |  |
| **9.5** Detailed description of the alarm system |  |
| **9.6** Engineering drawings in plan form and side view of the tanks, internal components, effluent storage container and pipe work (A4 or A3 size in PDF format) |  |
| **9.7** Schematic diagram of the system including flow path (A4 or A3 size in PDF format) |  |
| **9.8** Photograph of a treatment system installed at a house (in PDF format) (Optional) |  |
| **9.9** Certificate (Standards Mark, Quality Assurance system or equivalent such as ISO9000; ISO system 5, see ISO Guide 67) issued to the Supplier or Manufacturer detailed in section 1.0. |  |
| **9.10** Copy of theReport on outcomes of tests on tanks, issued by accredited organisation in accordance with AS/NZS 1546.1 :2008. Tables A1 and A2 in this standard may be used for guidance |  |
| **9.11** Copy of the Report prepared in accordance with either Appendix A of AS/NZS1546.3 :2017 for AWTS, OR Appendix F of AS/NZS1546.2 :2008 for Composting Systems. |  |
| **9.12** Product Certificate (Certificate of Conformity, drawn up in accordance with ISO Guide 28, Appendix 2 to Annex B, showing manufacturing and assembly sites to which the Certificate applies) 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 ……….….  AS/NZS 1546.4 :2016 Cert No ……….….  NSW Health Greywater System Accreditation Guidelines Cert No …………  Queensland Plumbing And Wastewater Code Cert No ………… |  |
| **9.13** Certificates / authorisations from other states and territories |  |
| **9.14** Warranty of service life |  |
| **9.15** Owner’s Manual (in PDF format on USB for the CBOS website) |  |
| **9.16** Installation Manual (including sample site installation plan) |  |
| **9.17** Operation and Maintenance Manual |  |
| **9.18** Specification sheets for all system components, including electrical, membranes etc. |  |
| **9.19** Sample service agreement |  |
| **9.20** Sample inspection / maintenance record sheet |  |
| **9.21** Risk assessment (preferably based on AS/NZS 4360) and trouble-shooting advice |  |

### Declaration that all information supplied is accurate and complete

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| --- | --- |
| **10.1** Full name of applicant: |  |
| **10.2** Position in company: |  |
| **10.3** Company address: |  |
| **10.4** Phone number: |  |
| **10.5** I declare the information contained in this application, (including attachments) is accurate and complete | Signature:  Date: |

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

This Agency cannot provide consultancy advice in relation to the application. If you require assistance in providing or identifying all the required documentation that constitutes a complete application package, you are advised to seek the services of an appropriately qualified consultant to compile the application on your behalf. See section 2 of this form. By engaging a consultant you may save yourself time and effort by ensuring that the submission is complete in the first instance, and this of course will help this office process the application in the shortest possible time. However, for general enquiries in making your application, phone the Helpline on: 1300 654 499.

Post the completed application form and all the required written and electronic documents (in hardcopy and on usb) listed in the checklist to:

**Director of Building Control – Care of Plumbing Standards and Regulation (PSR)**

**Consumer Building and Occupational Services**

**PO Box 56 Rosny Park TAS 7018**

**NOTE:** Information contained in the completed application form may be shared with interstate on-site wastewater regulators for the purpose of peer review and national consistency.

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| **Guidelines and information to assist you in submitting a complete application:** |
| 1. All drawings or specifications are to conform to the general standard of drawing practice included in AS 1100 and be prepared by an appropriately qualified engineer or other qualified person with knowledge and experience in waste water management and design. |
| 1. All drawings must be to scale and be prepared on no less than A4 and/or no greater than A3 size paper. |
| 1. All testing procedures must satisfy the relevant performance requirements of the Tasmanian Plumbing Code and relevant Australian Standard as appropriate. |
| 1. It is advised that all documentation referred to above should be prepared in conjunction with acceptable and relevant Australian Standards and or Codes. |
| 1. Any claims or statements made by the supplier or designer must be backed up by appropriate supporting documentation and/or expert opinion(s). |
| 1. The requirement for the manufacturer to nominate the temperature range of the system in the specifications should not be taken as a requirement to design systems for a particular climate, but simply to allow the specifications to be verified during tests, and to allow a person to make an informed decision for selection and fit for purpose application. |
| 1. Do not include information which is not relevant to the system for which accreditation is being sought as this will only delay the accreditation process. |
| 1. All commercial in confidence material must be clearly identified (see item xv). |
| 1. Industry standard terminology and symbols must be used in the application documentation. |
| 1. For systems tested outside Australia, a copy of the equivalent information referred to above is to be submitted along with information specified in the application form (see item xi). |
| 1. If the system has been approved/accredited elsewhere, details of contact person(s), details of accreditation/approval, and any associated conditions must be provided. |
| 1. A table of contents must form part of the application documentation and is to include the items contained in the checklist, with corresponding page numbers and electronic filename details showing where the relevant information can be found. |
| 1. Where information requested in this schedule is not provided for any reason, a page referencing the item is to be included in the submission with a statement detailing why it is not provided.   *Please take note that a simple statement such as “not applicable” will not satisfy this requirement*. |
| 1. For more detailed information on systems for up to 10 persons refer to AS/NZS 1547 :2012 *On-site domestic-wastewater management* for performance criteria or relevant Australian Standard or Joint Australian and New Zealand Standards; AS/NZS 1546.1 :2008 *On-site domestic-wastewater treatment units, Part 1: Septic tanks*; AS 3735 *Concrete structures for retaining liquids (Note: This Standard does not apply to the design of small septic tanks covered by AS/NZS 1546.1 :2008)*; AS/NZS 1546.2 :2008 *On-site domestic-wastewater treatment units, Part 2: Waterless composting toilets*; AS/NZS 1546.3 : 2017 *On-site domestic-wastewater treatment units*, *Part 3: Secondary treatment systems* or AS/NZS 1546.4 :2016 *On-site domestic-wastewater treatment units, Part 4: Domestic-greywater treatment systems* and the Plumbing Code of Australia (PCA) including Tasmanian Variations. |
| 1. Personal information we collect from you will be used by Consumer, Building and Occupational Services Branch of the Department of Justice for plumbing, drainage and on-site waste water management systems authorisation and accreditation purposes and may be used for other purposes permitted by the *Building Act 2016* and associated laws. Failure to provide this information may result in your application being denied or records not being properly maintained. Your personal information may be disclosed to contractors and agents of Consumer, Building and Occupational Services, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it. This information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to this Department. You may be charged a fee for this service. |

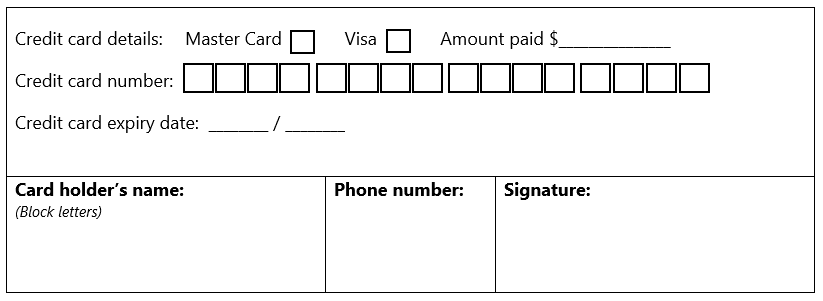
## Fee payment

Accreditation of all on-site waste water management systems attract a fee. For updated amounts, see: <https://www.cbos.tas.gov.au/topics/licensing-and-registration/fees>

**Must be paid when lodging application**

### Paying by credit card

This can be paid by filling out the credit card information below.



Consumer, Building and Occupational Services

PO Box 56

Rosny Park, TAS, 7018, or

By email at [cbos.info@justice.tas.gov.au](mailto:cbos.info@justice.tas.gov.au)

### Payments by cheque

Make payable to:

Director of Building Control

Consumer, Building and Occupational Services