

## APPLICATION FOR PRODUCT APPROVALS OF WASTEWATER SYSTEMS



**Government of South Australia**  
SA Health

This application form is for the following types of wastewater system products:

- Septic tanks, pump sumps and holding tanks
- Secondary treatment systems such as: Aerated Wastewater Treatment Systems (AWTS), sand filters etc.
- Other biological wastewater treatment systems such as: trickling filters, worm farm systems, rotating biological contactors etc.
- Greywater treatment systems
- Composting toilets
- Other blackwater / toilet waste systems
- Yellow water (urine separation and/or treatment) systems
- Alternative technologies

ABN 97 643 356 590

Wastewater Management Section  
Health Protection & Regulation  
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**PLEASE PRINT CLEARLY**

## TYPE OF WASTEWATER SYSTEM PRODUCT

**Please specify the type of product you wish to obtain approval for:**

- ☐ Septic tank
- ☐ Holding tank/pump sump (*please specify*) \_\_\_\_\_
- ☐ Secondary treatment system (STS) (*please specify*) \_\_\_\_\_
- ☐ Other biological treatment system (*please specify*) \_\_\_\_\_
- ☐ Greywater treatment system
- ☐ Composting toilet
- ☐ Other blackwater / toilet waste system (*please specify*) \_\_\_\_\_
- ☐ Yellow water (urine separation and/or treatment) system (*please specify*) \_\_\_\_\_
- ☐ Alternative technologies (*please specify*) \_\_\_\_\_

## PRODUCT DETAILS

**NAME OF PRODUCT(S) FOR APPROVAL:**

\_\_\_\_\_

**DESCRIPTION OF PRODUCT(S) FOR APPROVAL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT DETAILS**

Applicant Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mob No.: \_\_\_\_\_

**MANUFACTURER DETAILS (if different from the applicant)**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mob No.: \_\_\_\_\_

**DISTRIBUTOR DETAILS (if different from the applicant and/or manufacturer)**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mob No.: \_\_\_\_\_

## APPLICATION REQUIREMENTS

**IMPORTANT: PLEASE ATTACH FULL DETAILS FOR ITEMS LISTED BELOW**

1. Description of the proposed treatment and/or technology to be used in the application, for the product/system as a whole and for each component as well as the function served by each mechanism.
2. Copies of certification documentation from an independent product certification agency accredited by JAS-ANZ, confirming certification of the on-site wastewater treatment system to the relevant part(s) of AS/NZS 1546.
3. Scaled engineering drawing(s) that include both plan-views and cross-sectional drawings of the system as a whole, and labelling of key componentry including relevant specifications.
4. A copy of the installation manual, servicing manual, owner's/operating manual, and the recommended service details (where applicable).
5. Any further information relevant to the application for approval.

Note: Standard processing time for applications is between 6 and 8 weeks, provided that the application is accurate and complete. Failure to provide all relevant information will result in delays in the assessment and approval of the application. Multiple re-submissions may result in refusal of the application resulting in an additional application fee.

All reports and drawings forming the submission must be dated and version controlled.

The **application fee** is \$594 for the 2025-26 financial year. Once the application is received, a Bpay invoice will be issued. Alternatively, the fee can be paid via cheque or money order.

Note: The application will not be assessed until the fee has been received.

**Please fill in the following declaration after reading the "Application Requirements" section above**

## DECLARATION BY APPLICANT / MANUFACTURER

**I supply the following details with my approval application for the wastewater system detailed above**

*(Tick as included)*

- ☐ Application fee *(payable to the Department for Health and Wellbeing)*
- ☐ Concept report of the system
- ☐ Description of the proposed treatment and/or technology
- ☐ Hydraulic and pollutant loading of the system
- ☐ Certification and report (where applicable) from JAS-ANZ accredited agency
- ☐ Technical specifications for the components within the system
- ☐ Plan-view engineering drawings
- ☐ Cross-sectional engineering drawings
- ☐ Schematic Plan of the overall system
- ☐ A copy of the installation manual/details
- ☐ A copy of the servicing manual/details *(where applicable)*
- ☐ A copy of the operation manual/details *(where applicable)*
- ☐ Additional Information *(where available)*

**OFFICIAL**

I understand that the Department for Health and Wellbeing (DHW) may require further details if necessary, and that failure to supply all the details referred to in this application form and any additional information requested by the DHW concerning my application above may result in delays in processing the application.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATIONS CAN BE EMAILED TO:

[HealthWastewaterManagement@sa.gov.au](mailto:HealthWastewaterManagement@sa.gov.au)

IF EMAIL IS UNAVAILABLE, APPLICATIONS MUST BE ADDRESSED TO:

Wastewater Management Section  
Health Protection & Regulation  
Department for Health and Wellbeing  
PO Box 6  
RUNDLE MALL SA 5000