



Becoming an authorised service technician for domestic on-site wastewater treatment systems

The WA Department of Health (DOH) Chief Health Officer (CHO) needs to authorise all On-site Secondary Wastewater Treatment Systems (On-site secondary WWTS) and Domestic Greywater Treatment Systems (DGTS) independent service technicians.

This guidance note is for persons wishing to become an authorised independent service technician and sets out the minimum supporting documentation required when submitting an application. It needs to be noted that service technicians working directly for a manufacturer or distribution company do not need to become an authorised independent service technician through the CHO approval process.

Background

Under the *Health (Miscellaneous Provisions) Act 1911* and Part 4A of the *Health Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974* owners must ensure arrangements are in place to maintain an On-site Secondary WWTS. The Regulations also state that only 'authorised persons' can conduct maintenance work on an On-site secondary WWTS.

For the purposes of this factsheet On-site Secondary WWTS are as defined by Australian Standard AS/NZS 1546.3:2017 - Secondary treatment systems and DGTS are as defined by AS 1546.4:2016 - Domestic greywater treatment systems. These standards set operation and maintenance requirements in accordance with the manufacturer's operation and maintenance manuals.

When an On-site WWTS – Secondary and DGTS are installed there is a minimum 12 month maintenance contract between the manufacturers and the owner of the Onsite WWTS or DGTS. During this time, a service technicians authorised by the manufacturer or employed by the manufacturer must be used. However, after the contract expires, owners of Onsite WWTS or DGTS are entitled to engage the services of an authorised independent service technician who has been approved by the CHO in line with this guidance note.

1. Required documentation to become an authorised service technician

Applicants are required to provide a variety of documentation as part of a submission to the CHO to become an authorised independent service technician as discussed below. Applicants will be notified in writing of the CHO's decision regarding their application and if approved they will be included in the list of authorised independent service technicians which can be found on the DOH's [website](#).

1.1. Proof of experience

Applicants are required to provide evidence that they have the relevant experience to be an authorised independent technician as follows:

- 1) Evidence of number of years' experience which may include:
 - a) Years accredited; or
 - b) Years under the employment of a manufacturer/distributor; or
 - c) Years under the supervision of an Authorised Independent Service Technician; or other such equivalent experience in servicing Onsite WWTS or DGTS.

A minimum of one year's experience is required. Note: Unsupervised hands on experience and factory visits do not fulfil this requirement.

- 2) Supporting documentation about work undertaken. This could include references and service reports including the average number of Onsite WWTS serviced per year.

A minimum of 100 Onsite WWTS services per year is required

- 3) Types of Onsite WWTS previously serviced included manufacturers brands and models. (only Onsite WWTS previously serviced will be approved for service by the CHO)

1.2 Training and Competencies

Applicants are required to provide evidence that they have the relevant training and competencies to be an authorised independent technician as follows:

- 1) Successful completion of a recognised Australian Onsite WWTS training course on servicing and maintenance of Onsite WWTS. The course shall include aspects of treatment processes, effluent sampling and testing, inspections, fault diagnostic tests and their interpretation, routine service and maintenance, troubleshooting and repair of faulty or failing systems.

OR

- 2) Successful completion of NWPTRT061 and NWPGEN008 units of competency –under Certificate II in Water Industry Operations (NWP20115) or Certificate II in Remote Area Essential Service (UEE21311). For more information about training see Section 2

1.3 Proof of access to:

Applicants shall provide evidence that they have access to the following:

- 1) Onsite Wastewater Treatment Service and Maintenance Report (See Appendix 1)
- 2) Maintenance agreement forms
- 3) Relevant manufacturers documentation for each type of system intended to be serviced; this includes:
 - a) maintenance manuals
 - b) specifications
 - c) drawings
 - d) system design details and,
 - e) approval conditions
- 4) Spare parts; including but not limited to:
 - a) pumps
 - b) blowers
 - c) filters and,
 - d) disinfection supplies

1.4 Public liability and insurance

Applicants are required to have current public liability insurance (to cover for damages or injuries to another person or property) and professional indemnity insurance (to cover against contract breaches, mistakes providing a service, etc.) required. For authorised insurance companies, please check with the [Australian Prudential Regulatory Authority](#)

2. Training

2.1 Units commonly covered by independent service technicians' short courses

The units designated to provide the skills and knowledge required for service technicians commonly included in recognised Australian Onsite WWTS training courses are listed below. In **bold** are minimum requirements for training organisations in Western Australia.

- **NWPGEN008 Sample and test wastewater**
- **NWPTRT061 Operate and control wastewater processes**
- NWP208A Perform basic wastewater tests
- NWP262A Monitor and report wastewater treatment process
- NWP273A Monitor, operate and report on ultraviolet (UV) disinfection systems
- NWPTRT052 Operate and control hypochlorite disinfection process
- CPCPCM2043A Carry out OHS requirements
- CPCPDR4013B Design and size domestic treatment plant disposal systems
- WEP01B or QLD334WEP01A Maintain and service domestic treatment plants and on-site sewerage facilities

2.2 List of recognised Australian short courses for independent service technicians

- Aerobic Wastewater Treatment System - Servicing and Maintenance [TAFE SA](#)
- Domestic Waste Water and Environmental Plumbing – Licence to service and maintain. Skills Tech [TAFE Queensland](#)
- Course in Domestic Waste Water and Environmental Plumbing. [TAFE Queensland](#) and [TAFE Queensland North](#)
- Aerated Wastewater Treatment Systems Servicing and Maintenance, [Centre for Environmental Training](#)

3. Key responsibilities as an authorised independent service technician

Authorised Independent service technicians must carry out the prescribed servicing in accordance with the manufacturer's instructions which generally include:

- Replenish the disinfectant (usually chlorine)
- Check pumps, air blower, fan or venturi and electrical systems
- Check alarm systems
- Check slime growth on filter media
- Measure sludge depth in the primary and clarification chambers
- Check operation of sludge return and adjust if necessary
- On-site testing of free residual chlorine, pH and dissolved oxygen
- Check the Irrigation area

Authorised Independent service technicians are also required to:

- Provide the owner/occupier and local government with a fully completed Service Report.

- Register their name and credentials with the local government as a service technician who is approved by the CHO

3.1 Consumer guarantees

Service agents should be aware that their products and services must comply with consumer guarantee requirements. Further information is available at:

- [Australian Competition and Consumer Commission \(ACCC\)](#)
- [NSW Fair Trading - Consumer Guarantees](#)
- [NSW Fair Trading - Repairs Refunds and Replacements](#)

More Information:

Water Unit
Environmental Health Directorate
Department of Health
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

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This document can be made available in alternative formats on request for a person with a disability.

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Appendix 1

Onsite Wastewater Treatment Service and Maintenance Report

Owner/Client	_____
Contact No.	_____
Installation Address	_____
System Brand & model	_____
System Type	Domestic <input type="checkbox"/> Commercial <input type="checkbox"/>

Company	_____
Service Technician	_____
Contact No.	_____
Local Government	_____
Date of last service	___/___/___

GENERAL CONDITION	Yes	No
Covers present and secure	<input type="checkbox"/>	<input type="checkbox"/>
Offensive Odours	<input type="checkbox"/>	<input type="checkbox"/>
Control Box in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>
Alarms tested and functional	<input type="checkbox"/>	<input type="checkbox"/>
OWTS functioning correctly?	<input type="checkbox"/>	<input type="checkbox"/>
Land application area (LAA) in good appearance?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL SERVICE	Yes	No
Has the OSTs been serviced in accordance with the manufacturer's / supplier's requirements?	<input type="checkbox"/>	<input type="checkbox"/>

EFFLUENT QUALITY	
Tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clarity	_____
pH	_____
Residual Chlorine Level	_____ mg/L
Dissolved Oxygen	_____ mg/L
Temperature	_____ °C

CHAMBER CONDITIONS	Good	Fair	Poor
Irrigation Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfection Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarification Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sludge Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skimmer Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aeration System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusted	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Filter Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slime Growth (check)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Anaerobic Chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISINFECTION	Good	Fair	Poor
Chlorinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Tablets	___ In System		___ Replaced
UV lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Replaced	
Ozone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAMBERS	SCUM	SLUDGE	
Sedimentation	_____ cm	_____ cm	
Anaerobic	_____ cm	_____ cm	
Aerobic	_____ cm	_____ cm	
Sludge pump out Required	<input type="checkbox"/> No	<input type="checkbox"/> Next Service	<input type="checkbox"/> Now

LAND APPLICATION AREA (LAA)	Good	Fair	Poor
Irrigation Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make/Model	_____		
Vacuum Relief Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Heads & Pipework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dripper Emitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Flushing Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Pipework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation Area Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface ponding or runoff	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Operating satisfactorily	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Effluent leaving premises	<input type="checkbox"/> Y	<input type="checkbox"/> N	
High risk areas contaminated? (e.g. tables, BBQ or play areas)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Cover Material	_____		

BLOWER		
<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Make/Model	_____	
Blower Filters	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Replaced
Diaphragms Replaced	<input type="checkbox"/> Y	<input type="checkbox"/> N

ALARMS	OK	Not OK
Air Supply	<input type="checkbox"/>	<input type="checkbox"/>
Water Levels	<input type="checkbox"/>	<input type="checkbox"/>
Chlorine Tablet Supply	<input type="checkbox"/>	<input type="checkbox"/>

FILTER BED CONDITION (if applicable)		
Ponding on surface	<input type="checkbox"/> Y	<input type="checkbox"/> N
Outlet/filter blockage	<input type="checkbox"/> Y	<input type="checkbox"/> N
Non-organic objects removed	<input type="checkbox"/> Y	<input type="checkbox"/> N
Satisfactory bed (worm) activity	<input type="checkbox"/> Y	<input type="checkbox"/> N

GAC (If applicable)	Yes	No
Top up Granular Activated Carbon	<input type="checkbox"/>	<input type="checkbox"/>
Replace Granular Activated Carbon	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL OPERATION
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

LIST OF REPAIRS PERFORMED

REPAIRS NEEDED AND RECOMMENDATIONS

TOTAL SERVICE COST	\$ _____
NEXT SERVICE DATE	____ / ____ / ____
SIGNATURE	_____
DATE	____ / ____ / ____

GREYWATER CHAMBERS (If applicable)	Good	Fair	Poor
Pre-screen Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction (SAP) Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membrane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Diffuser Cleaned	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Internal (Backwash) Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow Rate Into Tank	_____ ml/min		
Level Sensors & Floats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Connecting Pipework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>