

# Onsite Wastewater Management System Report

## Aerated Wastewater Treatment System

### 3 monthly

Office Use Only
File No.: .....
Application No.: .....

In accordance with Onsite Wastewater Management System 'Certificate of Approval' maintenance requirements, the system installed at the address below has been inspected by me;

**Property Address**

No.:	Lot No.:	PS / LP:
Street:		Locality:

**Owner (or Occupier)**

Name:	
Address:	
Phone:	E-mail:

**Brand of Treatment Plant:** \_\_\_\_\_ **Date of Inspection:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**A) The treatment plant has been inspected and serviced / found to be:**

- Operating satisfactorily and in accordance with design, pumps and alarms
- On visual assessment, the wastewater quality appears to be in the order of 20/30 BOD/Suspended Solids
- All filters have been serviced as appropriate
- Does not require desludging due to sludge level being approx. \_\_\_\_\_ % (being less than 50% of first tank volume); OR
- Date deslugged / use commenced \_\_\_\_/\_\_\_\_/\_\_\_\_ (required approx. 3 yearly but subject to usage)

**B) The effluent disposal area has been inspected and has been found to be:**

- Operating satisfactorily - approx. size \_\_\_\_\_ m<sup>2</sup>
- Not damaged - fenced and/or otherwise protected
- Contains all wastewater
- Requires no maintenance work

**C) Comments regarding works undertaken or required to meet EPA certificate requirements and standard performance criteria (please turn overleaf if more space is required):**

**I certify this to be true and correct:**

Certifiers Name:	Relevant Qualification:
Phone:	Registration No. or level of competency:
Address:	
Signed:	

**Please return completed form to the Environmental Health Department - Mansfield Shire Council:**