



Onsite Wastewater Management System Report

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:

Date of Inspection: ____/____/____

A) Septic System desludging

- Date desludged ____/____/____ By: _____
- Evidence attached (copy of receipt etc.)
- Does not require desludging due to sludge level being approx. _____ % (being less than 50% of tank volume)

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

- Operating satisfactorily
- 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):

D) A plan of the system layout is attached showing all principal system components and site features

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: