



Reed Bed System Report

Office Use Only
File No.:
Application No.:

In accordance with septic system 'permit to use' conditions and EPA certificates of approval, 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 reed bed filtration and disposal system has been inspected and has been found to be:

- Operating satisfactorily
- Health and density of reeds in beds 1 & 2
- Contains all wastewater - nil leakage
- Removal of excess foliage and weed growth
- Stormwater diversion adequate
- Plumbing fixtures checked for leakage into wastewater system
- Pump-well and components checked

C) Comments (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:

Post: Private Bag 1000, Mansfield Vic 3724 In Person: 33 Highett Street, Mansfield Vic 3722
 E-mail: council@mansfield.vic.gov.au Fax: 03 5775 2677