



Septic System Report

Septic Tank and Sand Filter System

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:

Installation date of Treatment System: ____/____/____ Date of Inspection: ____/____/____

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

- Operating satisfactorily and in accordance with design and in relation to all 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 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 ____ m²
- 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:

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