



# Septic System Report Treatment Plant - 3 monthly

<b>Office Use Only</b>
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;

<b>Property Address</b>	No.:	Lot No.:	PS / LP:
	Street:	Locality:	

<b>Owner (or Occupier)</b>	Name:
	Address:
	Phone:

**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 Manufacturing design 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 desludged / 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):**

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**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:	<a href="mailto:council@mansfield.vic.gov.au">council@mansfield.vic.gov.au</a>	Fax:	03 5775 2677