



This report must be completed by a licensed plumber or drainer. Please note that if the plumber/drainer identifies any issues that may impact on the operation of the system, Council's Environmental Health Office will investigate the issue and may require the owner to carry out works to ensure compliance.

PLEASE NOTE: Any missing information may result in this form being returned for further clarification which may result in time delays in processing applications. Additional pages may be attached to provide further information.

Details			
Property Owner/s:			
Property Owner postal address:			
Property Owner contact Number:			
Property Owner email:			
Plumber/Drainer name (not company)			
Plumber/Drainer Licence number		Plumber/Drainer Mobile number:	

Property Details (from copy of title or rates notice)					
Street No		Street /Road			
Town		Lot/s		LP/PS	

Description		
Proposed Works:	<input type="checkbox"/> Alterations/Extensions to dwelling	<input type="checkbox"/> Upgrade to existing system (failing)
	<input type="checkbox"/> Subdivision/Boundary realignment	<input type="checkbox"/> Other:
Reference applications:	Planning Permit number P____/____	Building Permit Number BP____/____
System Type:	<input type="checkbox"/> 3200L All Waste Septic System with Disposal Trenches	
	<input type="checkbox"/> All Waste Aerated Wastewater Treatment Plant with Subsurface irrigation	
	<input type="checkbox"/> Split grey and black water system	
	<input type="checkbox"/> All waste sand filter system	
	<input type="checkbox"/> Other:	
Age of System:		
Number of Bedrooms in dwelling:		Number of occupants in dwelling:

Condition of OWMS			
Have all the parts of the system been located and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Has the system been de-sludged within last 3 years? (please attach receipts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
For treatment plants, has the system been regularly serviced? (Please attach reports)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Are there any obstructions over the tank or disposal areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Are disposal areas operating effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Are pumps and alarms in good working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Details:			
Is stormwater adequately directed away from disposal areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Are there sufficient setbacks between OWMS and dams, bores and other courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
For subdivisions, boundary realignments – can adequate setback distances between OWMS and boundaries be achieved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			
Other Comments:			
Plumber Signature			Date

