

## REQUEST FOR AN INSPECTION OF AN ON-SITE SEWAGE MANAGEMENT SYSTEM

(Note: A separate application is required for **each** on-site system on the property).

### OWNER:

Name(s):..... Phone:.....

### ADDRESS OF THE PROPERTY SUBJECT TO THIS APPROVAL:

Number:..... Street:..... Post Code:.....

Lot(s) and DP (See Rate Notice) ..... Size of Property:.....

### TYPE OF PROPERTY: (please tick)

Residential      Commercial / Tourist Accommodation      Industrial

### TYPE OF SYSTEM: (please tick box)

- ☐ Aerated Wastewater Treatment System (AWTS) (eg Envirocycle or other brand of system)
- ☐ Septic Tank ~ On-site Disposal (with Transpiration or Absorption Trench)
- ☐ Septic Tank ~ Pumpout System (Pump to sewer or POD System)
- ☐ Composting Toilet or Chemical Toilet
- ☐ Other System (Please Specify).....

Where is the system located on the property?.....

How many systems are on this property?.....

### SYSTEM DETAILS: The information below must be completed and certified by the owner of the property with their signature

Number of persons using the system:.....

#### Type of Disposal System (please tick):

Surface Irrigation    Sub-surface Irrigation    Transpiration Area    Absorption Trench

**Where is your disposal/irrigation area (Please tick)**      Lawn      Garden      Trees      Paddock

Is a grease trap installed?      ∇ Yes      ∇ No

Are there warning signs displayed near the disposal/ irrigation area?      ∇ Yes      ∇ No

Is the main irrigation distribution line buried?      ∇ Yes      ∇ No

How many sprinklers are there?.....

Is your Aerated Wastewater Treatment System maintained on a quarterly basis      ∇ Yes      ∇ No

Name of Service Agent/ Company:.....

**I/ WE hereby request an inspection of the above onsite sewage management system.**

**Signed Owner/s:**..... **Date:**.....