

Onsite Wastewater Management System (OWMS) Plumbers report

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506,

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____/____
	<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:	
System Type:		
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?

☐ Yes

☐ No

Details:

Has the system been de-sludged within last 3 years? (please attach receipts)

☐ Yes

☐ No

☐ Not Applicable

For treatment plants, has the system been regularly serviced? (Please attach reports)

☐ Yes

☐ No

☐ Not Applicable

Are there any obstructions over the tank or disposal areas?

☐ Yes

☐ No

Details:

Are disposal areas operating effectively?

☐ Yes

☐ No

Details:

Are pumps and alarms in good working order?

☐ Yes

☐ No

☐ Not Applicable

Details:

Is stormwater adequately directed away from disposal areas?

☐ Yes

☐ No

Details:

Are there sufficient setbacks between OWMS and dams, bores and other courses?

☐ Yes

☐ No

Details:

For subdivisions, boundary realignments – can adequate setback distances between OWMS and boundaries be achieved?

☐ Yes

☐ No

Details:

Other Comments:

Plumber Signature

Date

Onsite Wastewater Management System Site Plan

Address of Site:

Please include details such as the location and dimensions of the proposed OWMS, all proposed and existing buildings, the location of any streams, water courses, gullies, dams, ponds, bores or wells for domestic supply, water tanks, driveways, swimming pools, excavations, water, phone, gas and electrical trenches and any existing OWMS and sullage lines.

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