



Notification Decommissioning of a Septic Apparatus

TO: Chief Executive Officer
City of Mandurah
PO BOX 210
MANDURAH WA 6210

FAX: 9550 3888

Email: Council@mandurah.wa.gov.au

OWNERS STATEMENT:

I, _____
(name of owners)

of _____
(address)

hereby declare that the septic system previously installed at:

Lot No _____ House No _____ Street Name _____

Suburb _____

was decommissioned on ____/____/____ in accordance with the provisions of Regulation 21 of the Health (*Treatment of Sewage and Disposal of Effluent and Liquid Waste*) Regulations 1974, in that;

1. The apparatus was emptied in accordance with Regulation 46 of the abovementioned Regulations, and the provisions of the *Environmental Protection (Liquid Waste) Regulations 1996* (attach certification from liquid salvage contractor);

2. The apparatus:

In the case of the septic tanks or aerobic treatment units, had the base of the tank broken and/or was (please tick one):

Back filled in situ Removed Broken up and backfilled

Total number of tanks decommissioned _____ and the soak wells or leach drains were:

Back filled in situ Removed Broken up and backfilled

Number of soak wells/leach drains decommissioned _____ and the resultant voids backfilled with clean sand and compacted.

Name: _____ Signature _____

Signed by the Owner/s on this _____ day of _____ 20____

Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: health@mandurah.wa.gov.au Office Location: 3 Peel Street, Mandurah
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