



# 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<br>City of Mandurah<br>PO Box 210<br>MANDURAH WA 6210 | Phone: 9550 3746 (Health Services)<br>Facsimile: 9550 3888<br>Customer Services: 9550 3777<br>Email: <a href="mailto:health@mandurah.wa.gov.au">health@mandurah.wa.gov.au</a><br>Office Location: 3 Peel Street, Mandurah |
|---|---|