

Form OS-05



COMMISSIONING CERTIFICATE FOR AN ON-SITE SEWERAGE FACILITY

FOR TREATMENT PLANTS ONLY

To be completed by a licensed drainer who holds an endorsement for on-site sewerage facility maintenance

Type of treatment facility >>

Make Model

Level of treatment L A A Type

Related plumbing approvals >>

Application Number HR

Description of land >>

Street address

Lot Plan

Owner details >>

Name

Postal Address

Phone: Work Mobile Fax.....

Commissioning details >>

Land application area in approved location	Yes	No	
Land application area completed >>	Yes	No	
Alarms tested	Yes	No	N/A
Pumps tested	Yes	No	N/A
Owner's manual supplied to owner	Yes	No	N/A

Declaration by commissioning agent >>

I declare that I have commissioned the above on-site sewerage facility in accordance with the manufacturer's instructions and the requirements of Townsville City Council.

Name License number

Signature Date

Postal address

Phone: Work Mobile Fax.....

Office use only >>

Date received Application number

Officer name Assess number