

Annexure 4: Local Council Service Report



Local Council STS (DGTS) Service Report: (Version 5: August 2017)		
Owner's Name:		Local Council:
Installation Address:		
System Brand & Model:	<input type="checkbox"/> Domestic	<input type="checkbox"/> Commercial
Date of this service: / /	Date of last Service: / /	Next service due: / /
Has the STS/DGTS been serviced in accordance with the manufacturer's / supplier's requirements and using the service sheet? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" why?		
STS/DGTS functioning correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" why?		
According to sludge-judge or other methodology is de-sludging needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what action is recommended?		
Offensive odours? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what action is recommended?		
Alarms tested and functional? <input type="checkbox"/> Yes <input type="checkbox"/> No If not "functional" what action is recommended?		
Final Effluent Quality Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine tablets remaining? <input type="checkbox"/> Yes <input type="checkbox"/> No Quality? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory On what evidence is this judgment made? If "Unsatisfactory" what action was recommended?		
Land Application Area Surface ponding? <input type="checkbox"/> Yes <input type="checkbox"/> No Run off? <input type="checkbox"/> Yes <input type="checkbox"/> No Excess plant growth? <input type="checkbox"/> Yes <input type="checkbox"/> No Effluent leaving premises? <input type="checkbox"/> Yes <input type="checkbox"/> No High risk areas contaminated? * <input type="checkbox"/> Yes <input type="checkbox"/> No * Patio, play areas, BBQ, etc Operating satisfactorily? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Overall Condition of STS? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments / Action Recommended / Repairs Needed / Repairs Performed:		
Has the owner / occupier taken recommended actions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Service Agent:		Contact Details:
Signature:		Date:

Source: Adapted from "Checklist 4.2: Operational AWTS inspection report for use by service providers and Council inspectors" in *Designing and Installing On-Site Wastewater Systems*, Sydney Catchment Authority, May 2012