

Certificate of Decommissioning for On-site Sewage Management Systems

Property owner details:	
Full name:	Phone:
Address:	
Signature:	
Property address (prior to subdivision) for each system	
Number of systems decommissioned:	
Associated development application reference number:	
Council approval number for each system: OSM-	
Details of person/company decommissioning systems	
Full name:	Phone:
Address:	
<p>Declaration</p> <p>In respect of authorised work carried out by me at the above mentioned properties I certify that:</p> <ol style="list-style-type: none"> i. Each on-site sewage management system listed above has been decommissioned in accordance with NSW Health Advisory Note 3 – Destruction, Removal or Reuse of Septic Tanks, Collection Wells and Aerated Wastewater Treatment Systems and other Sewage Management Facility Vessels. ii. All subsurface effluent disposal areas associated with the decommissioned on-site sewage management system(s) have been demolished and back filled with Virgin Excavated Natural Material (VENM). 	
Full name:	Date:
Signature:	