

DECOMMISSIONING WASTEWATER DISPOSAL SYSTEM -  
Statement of Advice



Please be advised that I, \_\_\_\_\_ (name)  
of \_\_\_\_\_ (business name)  
have decommissioned the wastewater disposal system located at:-

Street \_\_\_\_\_ Suburb: \_\_\_\_\_

Lot or Pt. Lot No. \_\_\_\_\_ House No. \_\_\_\_\_

as per Regulation 21 of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974, which states that the apparatus shall be decommissioned by –

- (a) emptying the apparatus in accordance with –**
  - (i) the Environmental Protection (Liquid Waste) Regulations 1996; or**
  - (ii) regulation 46,****as the case requires;**
- (b) in the case of a septic tank, aerobic treatment unit or greywater system – removing the apparatus or, if that is not practicable, breaking up its base;**
- (c) the backfilling of the apparatus with clean fill; and**
- (d) in the case where the decommissioning is a condition of an approval, the carrying out of such other works as may be specified in writing by the approving body.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate works done to decommission

- Septic tanks pumped out (copy of certificate attached)
- Septic tanks / leach drains removed
- Septic tank bases / leach drains broken
- Septic tanks filled with clean sand and compacted
- Leach drains / soakwells filled with clean sand

**CONTACT DETAILS:-**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Att.