

**Form 11—Service Report – Treatment Plant**

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| **GENERAL NOTES: This form is to be used for the purposes of section 106 of the Plumbing and Drainage Regulation 2019 (PDR)***.*Completion of all applicable sections is mandatory. This form must be submitted to local government and a copy provided to the owner of the facility within 10 business days after servicing the facility. |
| 1. **Description of land**

The description must identify all land the subject of the application. The lot and plan details (e.g. SP/RP) are shown on title documents or rates notice.  |

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| Street address *(include number, street, suburb/locality and postcode)* |
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| Lot and plan: |
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|  |

 Local government area Local government reference number (if applicable)

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| --- | --- |
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| 1. **Treatment plant details**
 | [ ]  On-site sewerage treatment plant [ ]  Greywater treatment plantTreatment plant brand: Treatment plant model:

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| --- | --- |
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Serial number:

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| 1. **Treatment plant status**
 | Is the treatment plant functioning correctly?[ ]  Yes [ ]  NoIf no, provide a detailed description.

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System de-sludge required?[ ]  Yes [ ]  No |
| 1. **Land application area**
 | Disposal method:

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| --- | --- |
| [ ]  Surface/spray | [ ]  Subsurface |
| [ ]  Covered surface | [ ]  Trench |
| [ ]  Other |  |

Was the irrigation field located?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Effluent leaving premises?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Is the land application area functioning correctly?

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| --- | --- |
| [ ]  Yes | [ ]  No |

If no, provide a detailed description.

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| 1. **Tests to be completed every service (if applicable)**
 |  **Results**[ ]  pH (Irrigation Chamber) pH[ ]  Residual Chlorine ppm[ ]  Clarity (Irrigation Chamber) NTU[ ]  Temperature °C[ ]  Air blower filter cleaned or replaced [ ]  Cleaned [ ]  Replaced[ ]  Pump working [ ]  Yes [ ]  No[ ]  Audible alarm working [ ]  Yes [ ]  No[ ]  Visual alarm working [ ]  Yes [ ]  No[ ]  Chlorine tablets added [ ]  Yes [ ]  No |
| 1. **Annual testing (if applicable)**
 | [ ]  Primary tank sludge test mm[ ]  Secondary tank sludge test mm[ ]  Air Blower Back Pressure test kPa |
| 1. **Service procedure**
 | Has the service been completed in accordance with the manufacturer’s operation and maintenance recommended procedures?

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| --- | --- |
| [ ]  Yes | [ ]  No |

**Note:** Service technicians can access the manufacturers recommended maintenance procedures for each type of treatment plant from the particular manufacturer. |
| 1. **Owners details**
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| --- | --- | --- |
| Owner’s name |  | Phone number: |
|  |  |  |
| Postal address: |  |  |
|  |
| Email address  |  |  |
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| 1. **Service technician details**
 | Date: Arrival time: Departure time: Minutes on site:

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| --- | --- | --- | --- |
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Full name of company *(or individual if not a company)*

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Service technician name: Licence number:

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| 1. **Declaration**
 | **I hereby state that the information provided in this form is a true and accurate record.**Signature Date

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| **PRIVACY NOTICE**: The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government’s financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*. **RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations and is subject to the Right to Information regime established by the *Right to Information Act 2009*.  |

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