

## Form 11—Service Report – Treatment Plant

Version 1 – July / 2019

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. Street address (include number, street, suburb/locality and postcode) 1. Description of land The description must identify all land the subject of the application. The lot Lot and plan: and plan details (e.g. SP/RP) are shown on title documents or rates notice. Local government area Local government reference number (if applicable) On-site sewerage treatment plant ☐ Greywater treatment plant 2. Treatment plant details Treatment plant brand: Treatment plant model: Serial number: 3. Treatment plant status Is the treatment plant functioning correctly? □ No If no, provide a detailed description. System de-sludge required? Yes ☐ No 4. Land application area Disposal method: Subsurface ☐ Surface/spray Trench ☐ Covered surface Other Was the irrigation field located? □No ☐ Yes Effluent leaving premises? □No ☐ Yes Is the land application area functioning correctly? ☐ No Yes If no, provide a detailed description.

5. Tests to be completed	Results			
every service (if	pH (Irrigation Chan	nber)		рН
applicable)	Residual Chlorine			ppm
	☐ Clarity (Irrigation Chamber)			NTU
	Temperature			°C
	☐ Air blower filter clea	aned or replaced	☐ Cle	eaned  Replaced
	Pump working		<u></u> Y€	<b>—</b>
		Audible alarm working		es 🗌 No
	☐ Visual alarm working ☐ Chlorine tablets added		☐ Yes ☐ No ☐ Yes ☐ No	
6. Annual testing (if	Primary tank sludge test			mm
applicable)	☐ Secondary tank sludge test			mm
	Air Blower Back Pressure test			kPa
7. Service procedure	Has the service been completed in accordance with the manufacturer's operation and			
	maintenance recomme	ended procedures?	□ No	
	<b>Note:</b> Service technicians can access the manufacturers recommended maintenance procedures for ear of treatment plant from the particular manufacturer.			
8. Owners details	Owner's name Pho		Phone number:	
	Postal address:  Email address			
9. Service technician	Date:	Arrival time:	Departure time:	Minutes on site:
details				
	Full name of company (			
	Service technician name: Lie		Licence number:	
10. Declaration	I hereby state that the	ne information provide	ed in this form is a tru	e and accurate record.
10. Deciaration	I hereby state that the information provided in this form is a true and accurate record.  Signature  Date			
<b>PRIVACY NOTICE</b> : The information on this form is collected as required under the <i>Plumbing and Drainage Act 2018</i> (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 <i>Information Privacy Act 2009</i> . <b>RTI:</b> The information collected on this form will be retained as required by the <i>Public Records Act 2002</i> and other relevant Acts and regulations and is subject to the Right to Information regime established by the <i>Right to Information Act 2009</i> .				

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