

## Onsite Effluent Survey

Property Owner Name:

Valuation Number

Property Address:

Contact phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of disposal system (please tick one of the following)

Council Reticulated System/Private Reticulated System

Septic Tank

Aerated Water Treatment (Super Treat, Bio Cycle etc.)

Pit Privy (Long Drop)

Composting Toilet

Land without any occupied building

Date system was last cleaned .....

Contractor who cleaned system .....

.....

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Signed

Date