COMPLETION OF WORKS INSTALLATION CERTIFICATE



On-Site Wastewater and/or Effluent Disposal System (to be issued and signed by the licensed installer)

♦ Frank McKay Building 62-64 Menangle Street Picton NSW 2571

८ (02) 4677 1100 **≥** council@wollondilly.nsw.gov.au

Installation Details					
Issued By (installe	er):				
To be Supplied to	Wollondilly Shire				
Council – DA/s68 Number:					
In Respect of On-					
Service for Owner/s:					
Site Details					
Lot & DP:					
Property					
Address:					
Description of Project					
Installation of an on-site wastewater					
system for: (e.g. four bedroom dwelling)					
NSW Health Accredited Treatment System					
and Model Number:					
Nature of Disposal System / Land					
Application:					
(e.g. 500m² subsurface dripline irrigation)					
Installed in Accordance With Conditions of Consent and Wastewater Report					
Report Prepared b	oy:				
Report Date:					
Date of Site Installation					
Inspection:					
REPORT: Variations: None. Installed as indicated on site plan in system design.					
DECLARATION:					
I believe on reaso	nable grounds				
that all of the was					
have been comple					
accordance with t					
DA/s68 Consent N	lumber:				
and Wastewater R	eport prepared				
by:					
Name:					
Title:					
Signature:					