

OWOTER REQUEST FOR SEPTIC SYSTEM INSPECTION **REPORT FOR PURCHASERS/VENDORS**

Inclusions:

- A full written report on the system's functionality and health status by one of our qualified service personnel as stipulated by the Health Department;
- Digital photographic evidence of the system and its operational capacity;
- The type, brand and capacity of the system and its suitability to the size of the property;
- An estimation of any costs to bring the system up to a fully functioning condition, i.e. if a pump out is required and the time frame;
- Notification if a Health Department required Maintenance Agreement is in place;
- Description of how the system works, client support and education at the time of the Inspection Report;
- As per instructions from the client, a copy of the report may be forwarded to a third party
- An opportunity to implement an Ecowater Services "Health Care Plan of an ATU" at settlement.

AGENCY NAME:							NAME OF AGENCY REP:	
AGENCY ADDRESS:							MOBILE NUMBER:	
							OFFICE NUMBER:	
SUBURB OR TOWN								
POSTCODE	PREFERRED	EMAIL AD	DRESS:					
CLIENT NAME:							MOBILE NUMBER:	
							DAYTIME NUMBER:	
PROPERTY ADDRESS:								
								POSTCODE
DILLING ADDRESS (IE DIEFEDEN	T 50014 DD	ODEDTA					
BILLING ADDRESS (IF DIFFEREN	I FROM PR	OPERIY):					
								POSTCODE
PREFERRED EMAIL	ADDRESS:							
								REPORT COST
REPORT TO BE FOR):						Service: \$800.00 GST: \$80.00 Total: \$880.00
CREDIT CARD PAYMENT CARDHOLDERS NAME:								
					TO MAKE AN EFT PAYMENT: Bendigo Bank BSB: 633-000 Account No.: 154 972 640 Account Name: Ecowater Services Pty Ltd. Please Reference with the property address.			
Card No.							Card type: Vi	sa Mastercard

Expiry date: ____ / ____