

Your name SEPTIC SERVICE

MONITORING & MAINTENANCE SYSTEM USAGE FORM

System User Information

Name(s): _____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____

Site Identification

Site Address: _____ Lot Size : _____

Important

Please fill out and fax to 604-576-0000 or e-mail to (your e-mail)

The information you have provided will affect the work that I do, so please take care to ensure it is complete and accurate. YOUR NAME HERE takes no responsibility for the malfunction of this sewage system as a result of the provision of false or misleading information.

Sewage System Documents

The following documents are important for me to maintain the system. Please provide one hard copy of each. If you need assistance to obtain them or if they do not exist, please contact me as soon as possible.

1. Permit or Filing document including:

- a) Building Authority or Health Authority Permit or Record of Sewerage System Form
- b) Sewage system specifications
- c) Sewage system Operation & Maintenance Plan
- d) Authorization to Operate Form or Letter of Certification

2. Any reports produced after previous sewage system inspections or maintenance

3. Any receipts or records associated to past maintenance actions that will show what was done and when, i.e. tank cleaning

4. Any other document that you are aware of that might impact on the sewage system

Sewage System Maintenance History

1. Has the sewage system or any portion thereof ever been under a monitoring and maintenance contract? If so, for what period? Please provide any reports.

2. Was the sewage system inspected when you purchased the property? Do you have a report or summary of findings?

3. Has the septic tank or other component ever been cleaned out before? If so, how often and when was the last time?

Water Source Information

1. Source of domestic drinking water: (circle one)

Municipal/ private well/ private utility/ shared well / lake / stream

2. Are there any other domestic drinking water sources in use or abandoned?
If yes, describe:

3. Please describe all water source location(s):

Lot Information

1. Are you aware of any easements / covenants / right-of-ways / agreements associated to this property that might affect the monitoring and maintenance of the sewage system?

2. Is the sewage system contained to your property or is some portion of it located on another property? Please describe.

3. If so, is there an access agreement between you and your neighbour?

4. Have you ever filled or know of any fill (soil, etc) placed on this property near the sewage system after it was installed? Please specify type, depth and location.

5. Are you aware of any drainage systems? (not around the house)
Please specify type, depth, where the drain is located and where it drains to.

6. Are you aware of any buried electrical, water or gas lines?
Please specify type, depth and location.

7. Do you plan to change, or install a swimming pool, hot tub, workshop, shed, parking area, driveway, landscaping, vegetable garden, kennel, animal pasture? Please provide details.

Building Information

1. Total number of bedrooms in all buildings connected to the system.

2. Is there a secondary building or suite connected to this sewage system?

3. Are any portion of the building(s) connected to the system rented?

4. Do the building(s) have perimeter drainage? Do you know where they drain to?

5. Do you experience long (more than 4 hours) or frequent power outages?

6. Are there any changes planned for the building in the next year?

System Usage Information

1. How many people are currently using the septic system? Is this expected to change?

2. Approximately how many visitors do you have and how often do you have them (every day, once a week, etc)? How long do they typically stay (an evening, a day, a week, etc)?

3. Is there any non-residential use, i.e. small business, employees, hobby wine/beer making, dog kennel, horse blanket washing, etc?

4. Is anyone who would regularly use the system on any long-term antibiotics, undergoing chemotherapy, kidney dialysis, etc.?

5. Is this property used full time, part time, or seasonally?

6. Are the appliances and fixtures (toilets) older or are they a newer water-saving variety?

7. Are there any fixtures like multi-headed showers or large tubs?

8. Is the clothes washer a top-loading or front-loading model? How many loads are typically washed per week?

9. Do you wash clothes on specific days or are the loads evenly spread out through the week?

10. Do you wash clothes more often in hot water or cold water? Do you use liquid or powder detergent?

11. Please list the most common types of cleaning solutions that you use.

12. Is there any water treatment equipment serving the building? Do you know where it drains?

13. If you have a swimming pool or hot tub, do you know where it drains?

14. Is there an in-sink garbage disposal in the kitchen?

15. Have you ever heard gurgling or burping noises coming from the drains?

16. Have you ever had fixtures refuse to drain or flush that could not be corrected by clog removal?

17. Have you ever observed sewage to back-up into the building?

18. Have you ever observed sewage-like liquids or odd spongy areas on the surface of the ground?

19. Have you ever observed sewage-like odours around the building or property?

20. If there is an alarm connected to the system, have you ever known it to go off? How often does this occur and what were the circumstances? Was the situation resolved?

21. Do you have any questions or concerns about the sewage system that you would like me to address?

If you have questions regarding the above, please contact our office

Day: 604:537-0000 Evening: 604:576-0000

Client Signature_____

Date_____