

Your name SEPTIC SERVICE

COMPLIANCE INSPECTION USAGE FORM

Client Information

Our File #: _____

Name(s): _____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____

Site Identification

Site Address: _____

Important

In order to carry out an inspection, I will need access to the property to locate, expose, test and evaluate key components that make up the sewage system. This can often take (insert number) hours, during which time components of the system will be open and can be a health or safety hazard to anyone walking around the area of the system. Kids, pets and even adults need to keep clear of this area until the inspection is finished. If you have questions, I will guide you through the work area.

During a portion of the testing, we do need access into the home/building that the septic system serves in order to observe how the flows go through the system from start to finish. This portion of the testing often takes (insert number) minutes but can't be done until key components are exposed.

This form helps me to determine what information will be needed and what the goals of the inspection are. The capabilities of each system and the needs of each family are different, therefore it is very important for you to provide me with complete and accurate information about your needs and expectations. If you have any questions about how to complete this form, please ask.

Inspection Purpose

1. Is this inspection for a building permit application? If so, is there a specific department or contact person that you are dealing with? What is their name, contact info or file / reference number?

2. What is the permit for? (Addition to house, swimming pool, work shop, etc.)?

3. Do you have plans/drawings of the proposed changes that you would like to make or is this a preliminary examination of options?

4. If there is to be an increase in floor space, how many sq ft. is it now and how many will it become?

5. If there is to be an increase in the number of bedrooms, how many will there be in total?

6. If you plan to add another building to the property, please specify the type and whether it will have living space. Will it be or have a suite?

7. Are you planning to make changes to the usage of the building(s), i.e. residential to commercial or institutional (i.e., adding a daycare, hair salon, office where employees would work)? If so, please describe.

8. 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.

9. Did the Health Authority request this inspection? If so, why? Please also give the name, contact info and file or reference number of the person you are dealing with:

10. Is this inspection just for your information?

11. Was a vacate notice issued for this building and/or was the building used for illegal drug making:

12. If yes, was it a marijuana grow-op, a meth lab, other? This information is very important for me to know, both for my health and safety, and also because these facilities have very specific effects on an onsite system. Please inform me of this asap.

Site Access

1. Are you the property owner? If so, do we have your permission to be on the property?

2. If you are not the property owner, have you arranged with the owner for us to be on the property?

3. Please provide the name of the property owner and how you arranged for permission for us to enter the property and carry out an inspection. (by phone, in person, through your realtor, etc.)

4. Does this property have tenants?

5. Are the tenants aware of the inspection?

Sewage System Documents

The following documents are important for me to become familiar with the system. Please provide one hard copy of each document you are able to obtain. 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. Land title document showing easements, restrictive covenants or rights-of-way that may affect the sewage system
5. Any other document that you are aware of that might impact on the sewage system

Sewage System History

1. Are you aware of any modifications made to the system after it was originally installed? If yes, what, where and when?

2. Do you know if the modifications were made with a permit or Filing?

3. 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 you are able to obtain.

4. 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):

4. Is there any water treatment equipment serving the building(s)? Do you know where it drains/back-washes to?

5. Has the water been tested by an accredited laboratory? Are the results available for review?

Lot Information

1. How large is this property? What are the dimensions?

2. Has the property been recently surveyed and is a survey plan available?

3. Are the property lines clearly marked/evident and not in dispute?

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

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

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

7. 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.

8. 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.

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

10. Is there currently a swimming pool? Do you know where it drains/back-washes to?

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(s) in the next year not related to the current reason for the inspection?

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? How long do they typically stay?

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? Will this change?

7. Are there any or do you plan to install 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 an in-sink garbage disposal in the kitchen or do you plan to install one?

If You Are The Property Owner

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

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

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

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

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

6. 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?

Other

1. 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 _____