



CLASS 2 (GREY WATER PIT) MAINTENANCE INSPECTION FORM

FILE NO: _____

Property Address: _____

Date: _____

Property Owner: _____

Mailing Address: _____

Inspection Completed by: Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____ BCIN# _____

Water Source: Dug Well Drilled Well Lake Imported Other _____

Water Supply Pressurized: Yes No

Number and Type of Fixtures Draining Into Pit: _____

Approximate Year of Pit Construction: _____

Earth: Bottom of Pit 0.90 m from High Ground Water Table Yes No

Soil 0.60 m on all Sides of Pit: Yes No

Earth Around Pit Raised 150 mm Above Ground Level Yes No

Open Jointed Material Supporting Sidewalls: Yes No

Tight, Strong Cover Over Pit: Yes No

Surface Drainage Diverted Away From Pit: Yes No

Clearances Distances: Pit to Water _____ metres Pit to Well _____ metres

Pit to House _____ metres Pit to Property Line _____ metres

REQUIREMENTS:

NO CONCERNS

FULL SYSTEM REPLACEMENT

PARTIAL SYSTEM REPLACEMENT

OTHER REMEDIAL WORK

Comments: _____

Table with 4 columns: Inspected by, Date, Reviewed by, Date

For Third Party Maintenance Inspections please forward with Owner's Application and \$60 Certificate Fee to:

The Corporation of the Leeds, Grenville and Lanark District Health Unit 458 Laurier Blvd, Brockville ON K6V 7A3 613-345-5685

or

The Corporation of the Leeds, Grenville and Lanark District Health Unit 25 Johnston St, Smiths Falls ON K7A 0A4 613-283-2740