

## CLASS 4 Sewage System MAINTENANCE INSPECTION FORM

Property Address:					Date:			
Property Owner:								
Mailing Address:								
Inspection Completed								
Address: 458 Laurie	r Blvd, Brockv	lle ON K6	√ 7A3					
Phone: <u>613-345-568</u>	<u>85_</u> Fax: <u>613-3</u>	5-7148 Cell:			_ BCIN#			
Water Source:	□Dug Well	□Drilled \	Well □Lak	e 💷	mported	□Othe	er	
Septic Tank:	□Concrete	□Metal	□Plas	stic 🗆 F	iberglass			
Inlet Baffle:	☐ Yes ☐ No	□ Repair F	Required	Effluent Filt	er: 🗆 Yes	□ No	☐ Repa	air Required
Outlet Baffle:	☐ Yes ☐ No	☐ Repair F	Required	Tank Pump	Out Requir	ed:	☐ Yes	□ No
Tank/Filter Access < 0.30 m below grade: ☐ Yes ☐ No ☐ Repair Required								
Condition of Ta	ank: 🛭 Satisfac	tory 🛭 Unsat	isfactory					
Pump Chamber:	☐ Yes	☐ No	☐ Rep	oair Require	ed .			
☐ Concrete ☐ Metal		☐ Plastic	☐ Oth	er High Level Alar		rm:	☐ Yes	□ No
Treatment Unit Man	Model				the control of the co			
	Maintenar			nent: 🔲 Yes				
Distribution System	nal Leaching Bed		☐ Filter Media		☐ Are	a Bed	☐ Unknown	
Side Slopes Stable ☐ Ye		☐ No Effluent at Surface		ace 🗅 `	☐ Yes ☐ No			
Soft Spongy G	round 🔲 Yes	s □ No Ero	osion Conce	ncerns		Amount of Cover c		er cm
Clearance Distance	s: Tank	o Water	m	Pipe to Wa	ter	_ m		
	Tank	o Well	m	Pipe to We	II	m		
Tan		o House	m	Pipe to House		_ m		
	Tank	o Property Li	ine	_ m Pipe to I	Property Lin	e	_ m	
REQUIREMENTS:								
□ NO CONCERNS			□ FU	ILL SYSTE	M REPLAC	EMEN	Т	
☐ PARTIAL SYSTE	M REPLACE	MENT	<b>0</b> 01	HER REME	EDIAL WO	RK		
Comments:								
	-				-			
Inspected by:		ate:	Rev	viewed by:		T	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

The Corporation of the Leeds, Grenville and Lanark District Health Unit

25 Johnston St, Smiths Falls ON K7A 0A4

613-283-2740