



CLASS 5 (HOLDING TANK) 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 _____

Holding Tank: Concrete Metal Plastic Fiberglass Other _____

Sewage Pump: Yes No

Condition of Pump & Chamber: Satisfactory Unsatisfactory

Alarm on Pump Chamber: Yes No

Grey Water Disposal: All Directed to Holding Tank Yes No
 Directed to Grey Water Pit (Complete Class 2 Maintenance Inspection Form)

Holding Tank Size: _____ Litre Condition of Tank: Satisfactory Unsatisfactory

Alarm on Holding Tank: Yes No Pumping Agreement: Yes No

Clearances Distances: Tank to House _____ metres Tank to Well _____ metres
Tank 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