

Appendix B

On-Site Sewage System Maintenance Program Phase I Inspection Report

Location: _____

Type of occupancy resulting in sanitary sewage: _____

On-Site Sewage System:

- Class 1: A chemical toilet, an incinerating toilet, a recirculating toilet, a self-contained portable toilet with privy (portable, earth pit, pail, vault)
- Class 2: A greywater system
- Class 3: A cesspool (restricted use only to receive contents of Class 1)
- Class 4: A leaching bed system
 - a. Sewage Disposal Septic Tank Treatment Unit
 - b. Leaching Bed Absorption Trench Filter Bed Area Bed

Size: _____

Class 5: Holding Tank Size: _____ Liters (If known)

Septic Tank: Concrete Plastic Steel Size: _____ Liters (If known)

General Observations (based on non-destructive observations only):

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Nearby ground water approx. min.900mm below distribution pipe
Distance to: Drilled / Dug Well: _____ Lake / Pond: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Storm water discharging onto septic system
If yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Minor encroachments on system (i.e. small shed or play equipment)
If yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Excess vegetation
If yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Absence of fill around base of Class 1 Privy or Class 2 Greywater Pit <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Holding Tank alarm (if unknown just note) | <input type="checkbox"/> | <input type="checkbox"/> |

Evidence of septic malfunction or failure Identified:

- | | | |
|---|--------------------------|--------------------------|
| Signs of hydraulic failure
If yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Odour Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Major encroachments on system (i.e. driveway or swimming pool)
If yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix C

Person Signing Certificate

(Name, Address, Business telephone number, Building Code Identification Number, if applicable)

Certificate

Mandatory Sewage System Maintenance Inspection Program (pursuant to Article 1.10.2.5 of Division C of the Building Code)

Certificate Number: _____ Date Certificate Issued: _____

Address of Property on which Sewage System is Located: (hereinafter called the "Property")

Owner of Property on which Sewage System is Located:

Certificate issued to (name and address of Principal Authority):

Certification

I certify that:

- (a) I am a person described in Sentence 1.10.1.3.(3) of Division C of the Building Code.
- (b) I have conducted an inspection of the sewage system located at the Property.
- (c) I am satisfied on reasonable grounds that the sewage system located on the Property is in compliance with the requirements of Section 8.9 of Division B of the *Building Code*.

Certificate issued by:

Name: _____

Complete as applicable:

- BCIN _____
- I am the holder of a licence, a certificate of practice or a temporary licence under the *Architects Act*.
- I am a person who holds a licence or a temporary licence under the *Professional Engineers Act*.

Signature: _____

Date: _____

This certificate is approved by the Minister of Municipal Affairs and Housing under the *Building Code Act, 1992*

[Personal information contained in this form and schedules is collected under the authority of clause 34(2.2)(d) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.]