



ON-SITE SEWAGE SOURCE WATER PROTECTION SURVEY
 To be completed by Qualified and Licensed Person
 pursuant to Article 1.10.2.5 of Division C of the Building Code

A. Property information					
Property Address			Property Use (eg. House, Store)		
Size of Building (m2)	Total Fixture Units	Daily Design Flow Rate	Water Softener <input type="checkbox"/> Yes <input type="checkbox"/> No	Garburator <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Source on Property (Check all that Apply)					
<input type="checkbox"/> Dug Well <input type="checkbox"/> Drilled (cased) Well <input type="checkbox"/> Municipal Water Supply <input type="checkbox"/> Other (specify) _____					
B. Owners Information:					
Name		Address (street, city, province, postal code)			
Telephone number ()	Business <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	Email			
C. Qualified Person Completing Inspection					
Last name		First name	Corporation or partnership		
Address (street, city, province, postal code)				BCIN #	
Telephone number ()	Business <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>	Email			
D. Sewage System on Property					
<input type="checkbox"/> Class 1 (Chemical Toilet)	<input type="checkbox"/> Class 2 (Greywater)	<input type="checkbox"/> Class 3 (Cesspool)	<input type="checkbox"/> Class 4 (Leaching Bed)	<input type="checkbox"/> Class 5 (Holding Tank)	<input type="checkbox"/> Decommissioned Date: _____
Type of Class 4 System (If Applicable)					<input type="checkbox"/> Other
<input type="checkbox"/> Absorption Trench Distribution Bed <input type="checkbox"/> Filter Bed <input type="checkbox"/> Shallow Buried Trench					<input type="checkbox"/> (specify) _____
Age of Septic System:	Last Pump Out Date:	Name of Pump Out Contractor			
E. Site Conditions					
Water Runoff Directed Away from System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain			
Depth of Ground Water (m)		Evidence of Water Infiltration?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vegetation Over System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind?			
Hydraulic Failure/Breakout Evident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain			
Odour Problem Detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
F. Septic Tank Information					
<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Steel <input type="checkbox"/> Plastic			Size of Tank in Litres _____		
Secondary or Tertiary Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Effluent Results	CBOD5	TSS	Date
Tank Condition is Acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (explain) _____				
Liquid Level and Appearance Acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (explain) _____				
Evidence of Effluent Backup?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (explain) _____				
Is there a Dousing Chamber?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (explain) _____				

G. Clearances and Layout of System			
Clearances from System (tank and bed) to the Following Acceptable		Sketch of Existing System and Clearances (dimension all clearances including to wells)	
Body of Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property Lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

H. Sewage System Compliance

Based on the Information contained in this report the sewage system is in Compliance with Division B Section 8.9. Operation and Maintenance in the Building Code. I am in a position to Approve a Compliance Certificate for the Sewage System.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Based on the Information contained in this report a Phase II Site Inspection by the Authority Having Jurisdiction is required. (i.e. System did not pass inspection)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Comments, Notes or Concerns: (note any breakouts or other observations about leeching bed or tank that may require further investigation)

NOTE: if system is decommissioned, list the fill material in tank and visually inspect onsite.

I. Declaration

I declare that the information contained in this report and attached certificate is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. I understand that a Compliance Certificate must still be completed and issued for compliance to the Regulations.

Signature of Owner

Date

Signature of Qualified Person

Date

Personal information contained in this form is collected under the authority of 1.10.2.5.(2) of Division C of the Building Code, 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.