



Township of  
**Leeds** and the  
**Thousand Islands**

## CLASS 4 SEWAGE SYSTEM MAINTENANCE INSPECTION FORM

FILE NO: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Roll Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Water Source:**  Dug Well  Drilled Well  Lake  Imported  
 Other: \_\_\_\_\_

**Septic Tank:**  Concrete  Metal  Plastic  Fiberglass  
Inlet Baffle:  Yes  No  Repair Required  
Effluent Filter:  Yes  No  Repair Required  
Outlet Baffle:  Yes  No  Repair Required  
Tank Pump Out Required:  Yes  No  
Tank/Filter Access < 0.30 m below grade:  Yes  No  Repair Required  
Condition of Tank:  Satisfactory  Unsatisfactory

**Pump Chamber:**  Yes  No  Repair Required  
 Concrete  Metal  Plastic  Other: \_\_\_\_\_  
High Level Alarm:  Yes  No

**Treatment Unit Manufacturer:** Model \_\_\_\_\_

Maintenance Agreement:  Yes  No

**Distribution System:**  Conventional Leaching Bed  Filter Media  
 Area Bed  Unknown

Side Slopes Stable  Yes  No

Effluent at Surface  Yes  No

Soft Spongy Ground  Yes  No

Erosion Concerns  Yes  No Amount of Cover \_\_\_\_\_ cm

**Clearance Distances:** Tank to Water \_\_\_\_\_ m Pipe to Water \_\_\_\_\_ m  
Tank to Well \_\_\_\_\_ m Pipe to Well \_\_\_\_\_ m  
Tank to House \_\_\_\_\_ m Pipe to House \_\_\_\_\_ m  
Tank to Property Line \_\_\_\_\_ m Pipe to Property Line \_\_\_\_\_ m

**REQUIREMENTS:**

- NO CONCERNS
- PARTIAL SYSTEM REPLACEMENT
- FULL SYSTEM REPLACEMENT
- OTHER REMEDIAL WORK

Comments:

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**Inspected by:**

\_\_\_\_\_  
Date Signature BCIN

**Reviewed by:**

\_\_\_\_\_  
Date Signature BCIN