



Township of
Leeds and the
Thousand Islands

CLASS 2 (GREY WATER PIT) 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: _____

Water Supply Pressurized: Yes No

Number and Type of Fixtures Draining into Pit: _____

Approximate Year of Pit Construction: _____

Earth: Bottom of Pit 0.90 m from High Ground Water Table Yes No

Soil 0.60 m on all Sides of Pit: Yes No

Earth Around Pit Raised 150 mm Above Ground Level Yes No

Open Jointed Material Supporting Sidewalls: Yes No

Tight, Strong Cover Over Pit: Yes No

Surface Drainage Diverted Away from Pit: Yes No

Clearances Distances: Pit to Water _____ metres Pit to Well _____ metres

Pit to House _____ metres Pit to Property Line _____ metres

REQUIREMENTS:

NO CONCERNS

FULL SYSTEM REPLACEMENT

PARTIAL SYSTEM REPLACEMENT

OTHER REMEDIAL WORK

Comments:

Inspected by:

Date

Signature

BCIN

Reviewed by:

Date

Signature

BCIN