



Township of
Leeds and the
Thousand Islands

Class 4 Sewage System Maintenance Inspection Form

File Number: _____

Property Address: _____

Roll Number: _____

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:

Inspected by:

Date Signature BCIN

Reviewed by:

Date Signature BCIN