



Perth & District Septic Service Ltd. and Portable
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info@perthseptic.com
GST/HST Registration No.: 104154950RT0001
Business Number 104154950

Invoice 28232

BILL TO

DATE
06/24/2025

PLEASE PAY
\$621.50

DUE DATE
07/09/2025

DATE	ACTIVITY	DESCRIPTION	TAX	QTY	RATE	AMOUNT
	1	SEPTIC INSPECTION, PUMPING AND DISPOSAL COST	HST ON	1	550.00	550.00

SUBTOTAL	550.00
HST (ON) @ 13%	71.50
TOTAL	621.50

TOTAL DUE	\$621.50
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THANK YOU.

ONSITE SYSTEM INSPECTION FORM

Inspection Overview:

- Preliminary system information
- Inspection of treatment tanks
- Absorption system inspection
- Disposal/conveyance system assessment
- Identification of any alternative technology approved components
 - Requires additional inspection

INTERNAL USE ONLY:

CLIENT INFO	Client Name: _____ Different from owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SYSTEM LOCATION	Inspector Name: <u>Dana Ferrier</u> Date: <u>June 24, 2025</u> Address: _____ _____ _____
	Client Address: <u>124 Granite Hills</u> _____ _____ _____		Contact Method: Home tel. _____ Work tel. _____ E-mail _____

Preliminary Information:

Weather: Sunny (40°)
 Last Precipitation: June 20, 2025
 Age of System: unknown
 Type of Dwelling?

☒ Residential Number of Bedrooms: 4

☐ Non Residential Describe: NIA

How many systems are being inspected?

List any commercial activities or high impact hobbies:

NIA

Describe prior problems and/or repair history including soil fracturing or use of chemical additives. Include dates and explain why the remedial measures have been applied to the system (if available):

NIA

Is there a site plan or septic map available?

Yes No

☐ ☒

Is the dwelling currently being occupied?

☐ ☒

If so, how many occupants? ?

If no, date last occupied? ?

If there is a washing machine, is it connected to a separate greywater disposal system?

☐ ☒

Is the dwelling free of additional greywater systems?

☒ ☐

Is the dwelling free of garbage disposal systems?

☒ ☐

Is the dwelling free of sump pump discharges to the system?

☒ ☐

Is the dwelling free of any historical sewage back ups into the structure?

☒ ☐

Does all sewage enter the septic system and no type of sewage bypass exists?

☒ ☐

Septic Tank Pumping:

Is the septic tank pumped regularly?

☒ ☐

Frequency: 4 years

Date of Last Pumping: 2021

Comments: _____

Treatment Tank:				Yes	No
<input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Other <input type="checkbox"/> Greywater <input type="checkbox"/> Multi-Compartment: # _____				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name the material of the system?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other <u>plastic</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approximate treatment tank volume: <u>800</u> gal.				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evaluate the conditions of tank below:				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Satisfactory	Unsatisfactory	N/A		
Top and Lids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inlet Baffle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outlet Baffle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cracks or Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sewage Flow from Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Main tank lid opened for inspection?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquid level below the tank's inlet invert?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liquid level below the tank's outlet invert?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treatment tank pumped for this inspection?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all portions of the tank(s) clear of structures like a deck or a driveway?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the area clear of evidence that sewage has surfaced above the treatment tank?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does water flow unimpeded from the treatment tank?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is an effluent filter a part of the system?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, does it appear properly maintained?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any other types of accessory units present?				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depth to top of tank: <u>4</u> inches					
Depth to top of tank access: <u>0</u> inches					
Comments: _____					

Absorption Area:

Name the type of the absorption system?

- ☒ Disposal Bed ☐ Disposal Trench
☐ Seepage Pit ☐ Mounded
☐ Other

Was the absorption system located? ☒ Yes ☐ No If no, explain below.

Are inspection ports present? ☐ Yes ☒ No

If yes, how many? _____

Were the inspection ports checked? ☐ Yes* ☒ No ☐ N/A *All levels observed must be included in report

Was a separate probe dug in the absorption area to confirm the observations in the inspection ports? ☒ Yes ☐ No ☐ N/A

Is the area of the absorption system free of sewage odors? ☒ Yes ☐ No

Does sewage flow from the treatment tank to the absorption system without flowing back? ☒ Yes ☐ No

Is the area above or near any of the system components free from visible signs of effluent or sewage? ☒ Yes ☐ No

Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent? ☒ Yes ☐ No

Are areas above or near system components free of lush vegetation? ☒ Yes ☐ No

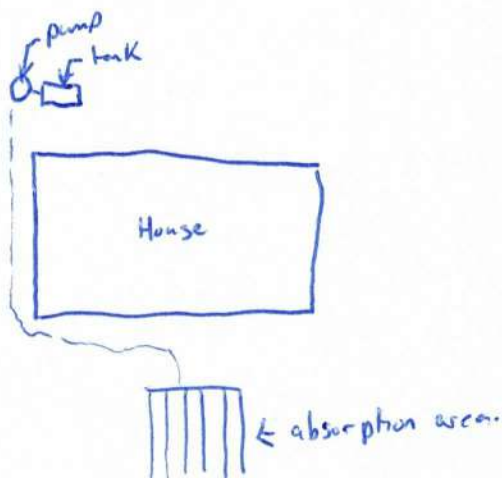
If exposed, is the distribution box in satisfactory condition? ☒ Yes ☐ No ☐ N/A

If not exposed, explain why not: _____

Is the area directly over any part of the absorption system free of any evidence of, large objects (cars, pools, etc.)? ☒ Yes ☐ No ☐ N/A

Comments: A flow test was completed on absorption area with a flow rate of 12 GPM for 20 min. Flow test was satisfactory.

Sketch the approximate system location in this space provided:



Dosing or Pump Tank:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Does the system contain a pump tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pump operating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the alarm(s) on the pump work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pump elevated above the tank floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the lid in satisfactory condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank in satisfactory condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank free of accumulated solids?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Summary:</u>	<u>Satisfactory</u>	<u>Satisfactory with Concerns</u>	<u>Unsatisfactory</u>	<u>Requires Additional Investigation</u>	<u>N/A</u>
Condition of the treatment tank(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the conveyance and pump system(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the absorption area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of any accessory components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: _____

Health Department Reporting:

Note if any of the following conditions were observed during the inspection:

- ☐ 1. Ponding or breakout of sewage or effluent onto the surface of the ground
- ☐ 2. Seepage of sewage or effluent into portions of buildings below ground
- ☐ 3. Backup of sewage into the building served which is not caused by a physical blockage of the internal plumbing
- ☐ 4. Any manner of leakage observed from or into septic tanks, connecting pipes, distribution boxes and other components that are not designed to emit sewage or effluent

Pursuant to N.J.A.C. 7:9A-3.4 notification of any observation that is consistent with a condition noted above must be reported to the local administrative authority within 24 hours of the observation. Regardless of observations made, a copy of this report must be provided to the local administrative authority within 10 days of the issuance of this report.

If encountered, describe all observed noncompliant conditions encountered during this inspection:

Customer Authorization:

I authorize "Perth & District Septic" to enter the above listed property for the purpose of performing a sub-surface sewage disposal system inspection. I authorize to expose parts of the system if required, to determine location and condition. I understand that "Perth & District Septic" relies on information supplied by the owner(s) of the listed property or their agent and the local administrative authority in the evaluation of the sub-surface disposal system. I authorize "Perth & District Septic" to provide this form to all parties as required.

Customer signature: _____

Printed name: _____

Inspector's signature:  _____

Printed name: Damon Forcier

Disclaimer:

Based on today's observations and the information provided by the owner(s) or their agent, "Perth & District Septic" submits this sub-surface sewage disposal system inspection form. The inspection is based on the current condition of the onsite sewage disposal system. "Perth & District Septic" makes no representation that the system was designed, installed or meets municipal regulations. "Perth & District Septic" has not been retained to warrant, guarantee, or certify the proper functioning of the system for any period of time. Because of numerous factors (usage, soil type, installation, maintenance, etc.) which affect the proper operation of a sub-surface disposal system, as well as the inability of "Perth & District Septic" to supervise or monitor the use and maintenance of the system, this form shall not be construed as warranty by "Perth & District Septic" that the system will function properly for any prospective buyer. "Perth & District Septic" disclaims any warranty, either expressed or implied, arising from the inspection of the septic system.