

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: [REDACTED]
Different from owner? ☐ Yes ☒ No
Client Address: 267 Pine Lane

Contact Method:
Home tel. _____
Work tel. _____
E-mail _____

SYSTEM LOCATION

Inspector Name: Danna Ferrier
Date: April 23, 2025
Address: _____

Preliminary Information:

Weather: Sunny (+15°C)
Last Precipitation: April 21, 2025
unknown Age of System: _____
Type of Dwelling? _____
☒ Residential Number of Bedrooms: 3
☐ Non Residential Describe: N/A
How many systems are being inspected? _____
List any commercial activities or high impact hobbies: N/A

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): N/A

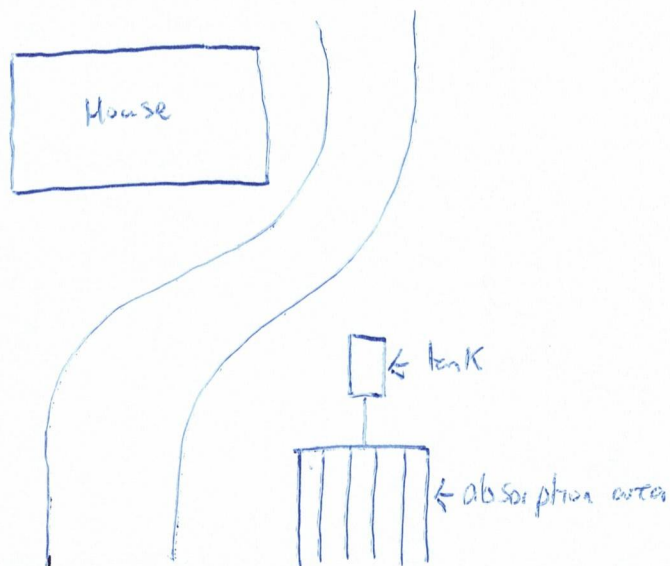
Is there a site plan or septic map available? ☐ Yes ☒ No
Is the dwelling currently being occupied? ☒ Yes ☐ No
If so, how many occupants? 2
If no, date last occupied? N/A
If there is a washing machine, is it connected to a separate greywater disposal system? ☐ Yes ☒ No
Is the dwelling free of additional greywater systems? ☒ Yes ☐ No
Is the dwelling free of garbage disposal systems? ☒ Yes ☐ No
Is the dwelling free of sump pump discharges to the system? ☒ Yes ☐ No
Is the dwelling free of any historical sewage back ups into the structure? ☒ Yes ☐ No
Does all sewage enter the septic system and no type of sewage bypass exists? ☒ Yes ☐ No
Septic Tank Pumping:
Is the septic tank pumped regularly? ☒ Yes ☐ No
Frequency: 4 yrs
Date of Last Pumping: 2021

Yes No
☐ ☒
☒ ☐
☐ ☒
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐
☒ ☐

Comments: _____

Treatment Tank:				Yes	No	
<input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Other			Main tank lid opened for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Greywater <input type="checkbox"/> Multi-Compartment:# _____			Liquid level below the tank's inlet invert?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Name the material of the system?			Liquid level below the tank's outlet invert?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Concrete <input type="checkbox"/> Block			Treatment tank pumped for this inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other <u>plastic</u>			Are all portions of the tank(s) clear of structures like a deck or a driveway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Approximate treatment tank volume: <u>1000</u> gal.			Is the area clear of evidence that sewage has surfaced above the treatment tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Evaluate the conditions of tank below:			Does water flow unimpeded from the treatment tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Satisfactory	Unsatisfactory	N/A	Is an effluent filter a part of the system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Top and Lids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, does it appear properly maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inlet Baffle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any other types of accessory units present?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outlet Baffle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth to top of tank: <u>11</u> inches		
Cracks or Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth to top of tank access: <u>11</u> inches		
Sewage Flow from Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____		
Absorption Area:						
Name the type of the absorption system?						
<input checked="" type="checkbox"/> Disposal Bed <input type="checkbox"/> Disposal Trench						
<input type="checkbox"/> Seepage Pit <input type="checkbox"/> Mounded						
<input type="checkbox"/> Other						
Was the absorption system located?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, explain below.		
Are inspection ports present?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
If yes, how many? _____						
Were the inspection ports checked?		<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Is the area of the absorption system free of sewage odors?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Does sewage flow from the treatment tank to the absorption system without flowing back?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the area above or near any of the system components free from visible signs of effluent or sewage?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Are the areas at or near the inlet invert of any absorption area component free of visible signs of sewage or effluent?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Are areas above or near system components free of lush vegetation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
If exposed, is the distribution box in satisfactory condition?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.)?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Comments: <u>A flow test was completed on absorption area with a flow rate of 12 GPM for 25 min. Flow test was satisfactory.</u>						

Sketch the approximate system location in this space provided:



Dosing or Pump Tank:

	Yes	No	N/A
Does the system contain a pump tank?	0	0	0
Is the pump operating?	0	0	0
Do the alarm(s) on the pump work?	0	0	0
Is the pump elevated above the tank floor?	0	0	0
Is the lid in satisfactory condition?	0	0	0
Is the tank in satisfactory condition?	0	0	0
Is the tank free of accumulated solids?	0	0	0

Summary:	Satisfactory	Satisfactory with Concerns	Unsatisfactory	Requires Additional Investigation	N/A
Condition of the treatment tank(s)	0	0	0	0	0
Condition of the conveyance and pump system(s)	0	0	0	0	0
Condition of the absorption area(s)	0	0	0	0	0
Condition of any accessory components	0	0	0	0	0

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: *DD*

Printed name: *Damon Ferrer*

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.



Perth & District Septic Service Ltd. and Portable
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ON K7H 0E8
+16132673350
info@perthseptic.com
GST/HST Registration No.: 104154950RT0001
Business Number 104154950

Invoice 29539

BILL TO

267 PINE LANE
MABERLY ONTARIO K0H
2B0

DATE	PLEASE PAY	DUE DATE
04/23/2025	\$0.00	05/08/2025

DATE	ACTIVITY	DESCRIPTION	TAX	QTY	RATE	AMOUNT
	1	SEPTIC PUMPING, INSPECTION AND DISPOSAL COST	HST ON	1	610.00	610.00
SUBTOTAL						610.00
HST (ON) @ 13%						79.30
TOTAL						689.30
PAYMENT						689.30
TOTAL DUE						\$0.00

THANK YOU.