

HOWARD CAMPBELL AND SONS LTD.

DATE Apr 29/22 TIME 9:00

P.O. BOX 30, LYN, ON K0E 1M0

PHONE / FAX 613-342-6105

A. GENERAL INFORMATION

Property Owner(s): [Redacted] Representing Owner(s): _____

Mailing Address: _____ Postal Code: _____

Inspection Location: 291 Towers Rd

Tel #: _____ Alternative Tel #: _____ Fax #: _____

Municipality: Leeds & 1000 Island Twp

Cottage Seasonal: Yes No Residential: Yes No Commercial: Yes No Other: _____

B. INSPECTION DETAILS

Septic Tank: Yes No Tank Type: Concrete Fiber Poly Steel Other _____ Size of Tank: 800 gal

Pump Out: Yes No Frequency: Annual 2-3 3-4 4-5 >5 Never

Inlet Baffle: Good Poor Missing Outlet Baffle: Good Poor Missing Number of Compartments: 2

Comments: System looks to be in good working condition on the date of inspection

Tile Bed: Yes No Bed Type: Raised Inground Trench Filter Area Other: _____

Bed Conditions: Wet Veg Lush Trees Exposed Pipe Erosion Slopes Comments: Ran water into bed for 30 mins with good flow, no sun back

Grey Water Disposal Type: _____ Comments: _____

Holding Tank: Yes No Tank Type: Concrete Fiber Poly Steel Other _____ Size of Tank: _____

All Grey Water Directed to Holding Tank: Yes No

Warning Device: Yes No Alarm Working: Yes No Pump Out Agreement: Yes No Pumper: _____

Comments: _____

However, we are in no position to guarantee the continuing operation of the septic system or holding tank

3112

Inspected By: Diane Campbell

Invoice Number: _____