

On-site Sewage Disposal System Malfunction Assessment/Inspection Form

Name & Designation of Assessor/Inspector:	
☐Inspector ☐QP ☐PEng ☐Ins	taller Cleaner
Submission Type	
Assessment/Inspection only	
Application or Notification for Malfunction replacement	
Property Information	
Owners Name:	
Address:	Telephone #:
County:	PID:
Property size/area:	
System Information	System history unavailable
System Installer:	System age, or estimate:
Approval #:	System type (e.g. C1):
System Length:	Interceptor/swale: Yes No
System Selector/Designer:	Pressurized: No
Pump Siphon	Dose device
Septic tank size:	# of chambers:
Tank constructed from: Concrete Fiberglass Plastic Other:	
Condition of tank:	Watertight: Yes No
Effluent Filter: Yes No	Sewage pumped into tank? Yes No
Date tank pumped:	Regular pumping: Yes No
<u>Usage Information</u>	
# of bedrooms/daily flow: # of people using system:	
Occupancy: Residential Commercial Other:	
Full-time Part-time/seasonal Vacant Other/unknown:	
Water supply: Drilled well Dug well Municipal Other:	
Water Treatment: Yes No Backwash connected to system: Yes No	
Garbage Grinder: Yes No Backwash connection corrected: Yes No	



Malfunction Information	
Problem first observed: Previous repairs: Yes No	
Nature of Problem: Breakout Backup Slow draining Clogged disposal field	
Odour Broken pipe Other, please provide details:	
Frequency of Problem: Continuous Occasional After heavy rain Cold temperatures Other, describe:	
Please provide <u>comments/details</u> including <u>potential cause and action taken</u> :	
Signature Date	