

COMPLETION OF WORK FORM FOR ON-SITE SEWAGE DISPOSAL SYSTEM INSTALLERS

Name of Approval Holder: _____ Qualified Person: _____

Location of Property: _____ Lot Number: _____

Municipality: _____ PID: _____

The following applies to a Septic Tank(s) or a Holding Tank(s)			
Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The tank and effluent filter has been installed in accordance with manufactures recommended procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The tank has been sized as per the approval
The following items have been installed in accordance with the approval:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barrier Material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crushed Rock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Imported Sand Fill
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filter Sand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interceptor/Swale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump Chamber/Siphon Chamber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final Cover Material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seed or Sod, if no, installer to notify owner of requirement

I have installed this system in accordance with the Approval, the *On-site Sewage Disposal Systems Regulations* and the *On-site Sewage Disposal Systems Technical Guidelines*.

Installer's Signature: _____

Print Name _____

Qualification #: _____

Date: _____