



Town of Milton
Building Division
 150 Mary Street
 Town of Milton, Ontario
 Phone 905.878.7252
 www.milton.ca

BUILDING DIVISION

Septic System Re-Inspection Report

Company Name:	
Company Address:	
Technicians Name:	BCIN:
Date of Inspection:	Time of inspection: am/pm
Property Information	
Owner Name	
Municipal Address (subject property)	
Mailing Address (if different from above)	
Phone Number: () -	E-mail:
Type of Building: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> SFD with Commercial <input type="checkbox"/> Commercial <input type="checkbox"/> Other:	
Water Supply: <input type="checkbox"/> Municipal well <input type="checkbox"/> Dug well <input type="checkbox"/> Drilled well <input type="checkbox"/> Cistern	
Septic System Information:	
Type of system: <input type="checkbox"/> Class 4 <input type="checkbox"/> Treatment Unit <input type="checkbox"/> Holding tank	
Tank pumped: <input type="checkbox"/> Y <input type="checkbox"/> N	
Tank Size: Litres (estimated)	
Tank Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other:	
Number of Chambers: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other	
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
Inlet Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
Outlet Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
Effluent Filter: <input type="checkbox"/> Y <input type="checkbox"/> N Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
*Pump chamber: <input type="checkbox"/> Y <input type="checkbox"/> N Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other:	
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Requires remedial measures	
* - If applicable pump chamber visual or audible alarm operational <input type="checkbox"/> Y <input type="checkbox"/> N	
Bed Design: based on <input type="checkbox"/> records <input type="checkbox"/> visual appearance <input type="checkbox"/> property owner disclosure	
<input type="checkbox"/> Standard trench <input type="checkbox"/> Shallow buried trench <input type="checkbox"/> Raised bed <input type="checkbox"/> Filter Bed <input type="checkbox"/> Other:	
Clearances: (appears to be in C – In Compliance or NC – Not in Compliance)	
Septic tank – Structures <input type="checkbox"/> C <input type="checkbox"/> NC Well <input type="checkbox"/> C <input type="checkbox"/> NC Waterways <input type="checkbox"/> C <input type="checkbox"/> NC Property Line <input type="checkbox"/> C <input type="checkbox"/> NC	
Distribution pipe – Structures <input type="checkbox"/> C <input type="checkbox"/> NC Well <input type="checkbox"/> C <input type="checkbox"/> NC Waterways <input type="checkbox"/> C <input type="checkbox"/> NC Property Line <input type="checkbox"/> C <input type="checkbox"/> NC	
Observations: Sewage effluent visible <input type="checkbox"/> Y <input type="checkbox"/> N Sewage odour present <input type="checkbox"/> Y <input type="checkbox"/> N Saturation of tile bed area <input type="checkbox"/> Y <input type="checkbox"/> N	
Overgrown vegetation near bed <input type="checkbox"/> Y <input type="checkbox"/> N Other:	
Conclusion:	
<input checked="" type="checkbox"/> Sketch of approximate layout of system and components (see page 2)	
<input type="checkbox"/> Appears to be maintained & operational in accordance with Section 8.9 of Division B of the Ontario Building Code	
<input type="checkbox"/> Requires remedial measures to maintain safe operation (see attached)	
<input type="checkbox"/> Certificate for Mandatory Sewage System Maintenance Inspection Program – Issued #	

Name of Technician

Signature of Technician

_____/_____/_____
Date (MM/DD/YYYY)

I certify that as per Division C 1.10.1.3.(4) that I have no interest, present or contemplated, in this property or its improvement and no involvement with trades people or benefits derived from any sales or improvements. At the time of our inspection and to the best of my knowledge and belief, all statements and information in this report are true and correct. This is not a warranty or guaranty as to the past, present or future conditions of the sewage system and components.

This form is regulated to establish standards that existing buildings must meet even though no construction is proposed, including regulations establishing standards for maintenance, retrofit, operation, occupancy and repair, for the purposes of subsection 34 (2.2) of the Act, a maintenance inspection program in respect of standards prescribed under clause 34 (2) (b) of the Act in relation to sewage systems.

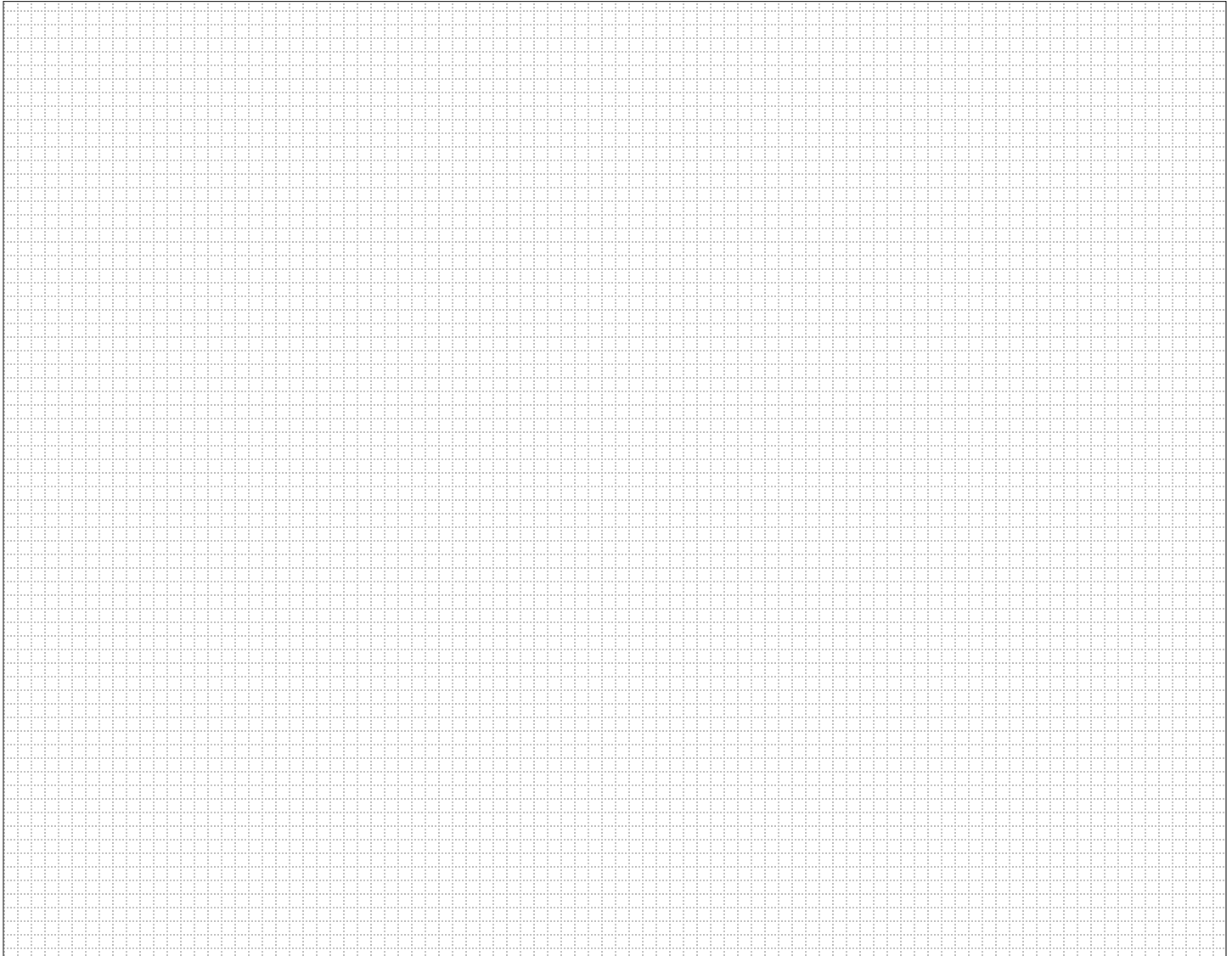
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[Personal information contained in this form and schedules is collected under the authority of clause 34(2.2)(d) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992. Questions about the collection of personal information may be addressed to the Chief Building Official of the Town of Milton]

Septic System Layout

Address: _____



Notes

Legend:

- - - pl – Property Line
- ☒ – Structure
- ☒ – Septic Tank
- ⊕ – Pump Chamber
- ⚡ – Tile Bed
- ⊕ w – Well
- ⊗ T – Significant Tree
- ~ – Stream or Creek
- Ⓟ – Pond