



**MANDATORY SEWAGE SYSTEMS
MAINTENANCE INSPECTION PROGRAM
THIRD PARTY CERTIFICATION – INSPECTION REPORT**

Municipal Address (subject property): _____

Inspector's Name: _____ BCIN # _____

Type & Size of Building: ☐ Single Family Dwelling / ☐ Multi-Family Dwelling / ☐ SFD
with Commercial / ☐ Commercial / ☐ Other:

Total floor area: _____ m2 / # of bedrooms: _____ / # of plumbing fixtures _____

Water Supply: ☐ Municipal well / ☐ Dug well / ☐ Drilled well / ☐ Cistern

Septic System Information:

Type of system: ☐ Class 4 / ☐ Treatment Unit / ☐ Holding tank / ☐ Other _____

Documentation: ☐ (Building) Permit design documentation / ☐ Sketch of approximate
layout of system and components (see page 2 of this form)

Septic tank

Tank Size: _____ Litres

Tank Material: ☐ Concrete / ☐ Plastic / ☐ Fiberglass / ☐ Steel / ☐ Other: _____

Number of Chambers: ☐ 1 / ☐ 2 / ☐ Other

Condition: ☐ Good / ☐ Requires remedial measures

Inlet Condition: ☐ Good / ☐ Requires remedial measures

Outlet Condition: ☐ Good / ☐ Requires remedial measures

Effluent Filter: ☐ Y / ☐ N; Condition: ☐ Good / ☐ Requires remedial measures

Clearances: (appears to be in C – In Compliance or NC – Not in Compliance):

Structures ☐ C ☐ NC / Well ☐ C ☐ NC / Waterways ☐ C ☐ NC / Property Line ☐ C ☐ NC

Pump chamber: ☐ Y ☐ N; Material: ☐ Concrete / ☐ Plastic / ☐ Fiberglass / ☐ Steel /
☐ Other; Visual or audible alarm: ☐ Y ☐ N / Operational ☐ Y ☐ N

Conditions: ☐ Good / ☐ Requires remedial measures

Septic Bed

Bed Design (based on ☐ records / ☐ visual appearance / ☐ property owner disclosure):

☐ Standard trench / ☐ Shallow buried trench / ☐ Raised bed / ☐ Filter Bed /

☐ Other _____

Distribution Pipes Clearances (appears to be in C – In Compliance or NC – Not in
Compliance): Structures ☐ C ☐ NC / Well ☐ C ☐ NC / Waterways ☐ C ☐ NC /
Property Line ☐ C ☐ NC

Observations: Sewage effluent visible ☐ Y ☐ N / Sewage odour present ☐ Y ☐ N /

Saturation of tile bed area ☐ Y ☐ N / Overgrown vegetation near bed ☐ Y ☐ N |

Other: _____ Conditions: ☐ Good / ☐ Requires remedial measures

Summary:

☐ On-site sewage disposal system appears to be maintained & operational in
accordance with Section 8.9, Division B of the Ontario Building Code

☐ Remedial measures required to maintain safe operation (see attached)

Signature of Inspector: _____ Date: _____



MANDATORY SEWAGE SYSTEMS MAINTENANCE INSPECTION PROGRAM ON-SITE SEWAGE SYSTEM LAYOUT

(To be prepared by a person conducting the MSSM inspection if no other design/permit documentation exists)

Property Address: _____

Notes:

Legend:

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

Prepared by: _____ Date: _____