

# Septic System Maintenance Inspection Report

## The Municipality of Huron East

Name:  
911 Address:  
Property Location:  
Roll #:

**When completed please forward signed copies of this form to the The Municipality of Huron East, 72 Main Street South P.O. Box 610. Seaforth, ON N0K 1W0.**

**Note: The tank must be pumped for the inspection.**

1. Is the system a tertiary treatment system? If so, list the type: \_\_\_\_\_  
Date last serviced: \_\_\_\_\_
2. Tank condition and material (ie. Steel, fiberglass, cement, plastic):  
\_\_\_\_\_  
\_\_\_\_\_
3. Age of sewage system: \_\_\_\_\_ years
4. Approximate size of tank: \_\_\_\_\_
7. Depth of tank: \_\_\_\_\_
5. Number of compartments:    1                       2
6. Condition of inlet and outlet baffles: \_\_\_\_\_  
\_\_\_\_\_
7. Is there a filter on the tank?    yes                       no
8. Are there any signs of back-up in the tank?    no                       yes  
If yes, please describe: \_\_\_\_\_
9. Are there any signs of sewage break-out to the surface over the tile bed?  
 no    yes   If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
10. Is there physical room to replace the system on the proposed severed parcel (taking into consideration location of all existing wells)    yes                       no
11. Is the existing sewage system in total within the proposed severed parcel?  yes                       no
12. From this visual inspection, does the septic system appear to be functioning properly?  yes  no
13. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Please provide a sketch of the system (including tank and tile bed location on property):

