Municipality of Dysart et al
P.O. Box 389, Haliburton, Ontario K0M 1S0

BUILDING DIVISION
(705) 457-1740
Fax: (705) 457-1964
E-mail: septic@dysartetal.ca

Septic System Re-Inspection Report

PROPERTY INFORMATION			
Owners Name:			
Municipal Address:			
Phone Number:		**E-mail:**	
Type of Building('s) present: (select all that apply) ☐ Primary Residence ☐ Seasonal Dwelling ☐ Private Cabin ☐ Apartment or Duplex			
Number of Bedrooms:	Main Building ____ Private Cabin _____		
SEPTIC TANK INFORMATION			
Type of System:	☐ Class 4 ☐ Treatment Unit ☐ Holding Tank ☐ Class 1 ☐ Class 2		
Tank Accessible?	☐ Yes ☐ No	**If No, why?**	
Number of Chambers:			
Tank Pumped?	☐ Yes ☐ No	**If No, why?**	
Tank Size:			
Tank Material:	☐ Concrete ☐ Plastic ☐ Steel ☐ Other		
Condition:	☐ Good ☐ Requires remedial measures ☐ Recommend Replacement		
Observations:			
Inlet Condition	☐ Good ☐ Requires remedial measures		
Outlet Condition:	☐ Good ☐ Requires remedial measures		
Effluent Filter:	☐ Yes ☐ No	**Condition:** ☐ Good ☐ Requires remedial measures	
Pump Chamber:	☐ Yes ☐ No	**Condition:** ☐ Good ☐ Requires remedial measures	
TILE FIELD INFORMATION			
Approx. location determined?	☐ Yes ☐ No	**If no, why?**	
Visual evidence of seepage or failure?	☐ Yes ☐ No	**If yes, where?**	
Clearance to structures driveway, parking area	☐ Good ☐ Requires remedial measures	**Water Source:**	
Clearance to nearest Lake, River or Pond	_____ FT / M	**Clearance to nearest creek or stream (seasonal or permanent)**	_____ FT / M
Other Observations:			
REPORT COMPLETED BY:			
Company Name:			
Technician's Name:		**BCIN:**	

_____ _____/_____/_____

Signature of Technician **Date (MM/DD/YYYY)**

I certify that I have not participated in, or been employed by a company that designed or constructed this septic system and I have no professional or financial interest in the design, construction or improvement of this septic system.