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On-site sewage system malfunction inspection form

Name & Designation of Assessor/Inspector: _____				
<input type="checkbox"/> Inspector	<input type="checkbox"/> QP	<input type="checkbox"/> PEng	<input type="checkbox"/> Installer	<input type="checkbox"/> Cleaner

<u>Submission Type</u>
<input type="checkbox"/> Assessment/Inspection only
<input type="checkbox"/> Application or Notification for system to replace a malfunction

<u>Property Information</u>	
Owners Name: _____	Date: _____
Address: _____	Telephone #: _____
County: _____	PID: _____
Property size/area: _____	

<u>System Information</u>	
System Installer: _____	System age, or estimate: _____
Approval #: _____	System type (e.g. C1): _____
System Length: _____	Interceptor/swale: <input type="checkbox"/> Yes <input type="checkbox"/> No
System Selector/Designer: _____	Pressurized: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pump	<input type="checkbox"/> Siphon
	<input type="checkbox"/> Dose device
<hr/>	
Septic tank size: _____	# of chambers: _____
Tank constructed from: Concrete Fiberglass Plastic Other: _____	Watertight: Yes No
Condition of tank: _____	Sewage pumped into tank? <input type="checkbox"/> Yes No
Effluent Filter: Yes No	Regular pumping: Yes No
Date tank pumped: _____	

<u>Usage Information</u>	
# of people using system: _____	
<u>Occupancy:</u>	
Full-time	Part-time/seasonal Vacant Other: _____
Water Treatment: Yes No	Backwash connected to system: Yes No
Garbage Grinder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Backwash connection corrected: Yes No

