



COMPLIANCE INSPECTION USAGE FORM

(office use only) FILE #: _____

CLIENT INFORMATION

Property Owner Name(s): _____

Mailing Address: _____

Phone: _____

E-mail: _____

INSPECTION SITE ADDRESS: _____

IMPORTANT

In order to carry out an inspection, we will need access to the property to locate, expose, test and evaluate key components that make up the sewage system. This typically takes 2-4 hours, during which time components of the system will be open and can be a health or safety hazard to anyone walking around the area of the system. Kids, pets and adults need to keep clear of this area until the inspection is complete.

During testing, we will need access into the home or building that the septic system services in order to observe how flows of the system from start to finish. This portion of the testing typically takes 1-2 hours but cannot be done until key components are exposed.

The following information in this form helps us determine what other information may be needed and the goals of the inspection. The capabilities of each system and the needs of each family are different, therefore it is important that you provide us with complete and accurate information.

If you have any questions about this form, or additional questions about the process, please do not hesitate to contact our office:

Blackwater Environmental Ltd.

22444 72 Avenue, Langley BC. V2Y-2K4

Phone: (778) 434-3135 or **Email:** info@blackwaterprojects.com

INSPECTION PURPOSE

1. If this inspection is for a building permit application, please provide the name of your contact person, any contact information or a file/ reference number:

2. Please describe what this permit is for (addition, swimming pool, shop, etc):

3. Do you have plans/ drawings of the proposed changes you intend to make? **Yes** **No**

4. Current floor space (sq.ft.): _____ Added floor space (sq.ft.): _____

5. If increasing number of bedrooms, how many will there be in total? _____

6. If adding a building on the property, please specify the type:

(will it have living space? Will it be or have a suite?) _____

7. Will usage of the building(s) change? If so, please describe:

(i.e. residential to commercial or institutional; adding daycare, hair salon, office with staff)?

8. Do you intend to install a swimming pool, hot tub, workshop, shed, parking area, driveway, landscaping, vegetable garden, kennel, animal pasture? Please describe:

9. Is this inspection for your own information or was it requested by the Health Authority?

10. If this inspection is for the Health Authority, please explain why?

(Please also provide any contact, file or reference numbers you may have)

11. Was a **Vacate Notice** issued for this building and/or was the building used for illegal drug making: _____

12. If yes, was it a marijuana grow-op, a meth lab, other?
(This information is critical for us to know, for our health and safety and because these facilities have serious effects on the system.) _____

SITE ACCESS

1. If you are the property owner, do we have your permission to be on the property?

2. If you are NOT the owner, have you arranged permission for us to be on the property with the owner? _____

3. Please provide the name of the property owner and how you arranged permission for us to inspect the property: (by phone, in person, through you realtor, etc.) _____

4. Does this property have tenants?

5. Are the tenants aware of the inspection?

SEWAGE SYSTEM DOCUMENTS

The following documents are important for us to become familiar with the system. Please provide one hard copy of each document you are able to obtain. If you need assistance to obtain them or if they do not exist, please contact us as soon as possible.

- 1. Permit of Filing document including:
 - a) Building Authority or Health Authority Permit or Record of Sewerage System Form
 - b) Sewage system specifications
 - c) Sewage system Operation & Maintenance Plan
 - d) Authorization to Operate Form or Letter of Certification

2. Any reports produced after previous sewage system inspections or maintenance.
3. Any receipts or records associated to past maintenance actions that will show what was done and when, i.e. tank cleaning.
4. Land title document showing easements, restrictive covenants or rights-of-way that may affect the sewage system.
5. Any other document that you are aware of that might impact on the sewage system.

SEWAGE SYSTEM HISTORY

1. Are you aware of any modifications made to the system after it was originally installed?

If yes, what, where and when? _____

2. Were modifications were made with a permit or Filing? _____

3. Has system ever been under a maintenance contract? If so, please provide any info, reports, receipts, etc: _____

4. When was the last time the system was cleaned out (pumped out)? _____

WATER SOURCE INFORMATION

1. Source of domestic drinking water: (circle one)

Municipal *Private well* *Private utility* *Shared well* *Lake* *Stream*

2. Are there any other domestic drinking water sources in use or abandoned? If yes, describe:

3. Please describe all water source location(s):

4. Is there any water treatment equipment serving the building(s)? Do you know where it drains/back-washes to? _____

5. Has the water been tested by a lab? Are the results available for review?

LOT INFORMATION

1. What is the size of the property (sq.ft.): _____
2. What are the property dimensions? _____
3. Is a survey of the property available? _____
4. Are property lines clearly marked and not in dispute? _____
5. Are you aware of any easements, covenants, right-of-ways, agreements associated with this property that might affect the sewage system? _____
6. Is the sewage system only on your property or is some portion of it located on another property? Please describe: _____

7. If so, is there an access agreement between you and your neighbour?

8. Was there ever any fill (soil, etc.) placed near the sewage system after it was installed? Please specify type, depth and location. _____

9. Are you aware of any drainage systems? (not around the house) Please specify type, depth, where the drain is located and where it drains to: _____

10. Are you aware of any buried electrical, water or gas lines? _____

11. Is there currently a swimming pool? Do you know where it drains to?

BUILDING INFORMATION

1. Total number of bedrooms in all buildings connected to the system: _____
2. Is there a secondary building or suite connected to this system? **Yes** **No**
3. Are any portion of the building(s) connected to the system rented? **Yes** **No**
4. Do the building(s) have perimeter drainage? **Yes** **No**
Do you know where it drains to? _____
5. Do you experience long (over 4 hours) or frequent power outages? **Yes** **No**
6. Are there any changes planned for the building(s) in the future not related to this inspection?

SEWAGE USAGE INFORMATION

1. How many people are currently using the septic system? _____
2. Approximately how many visitors do you get annually? _____
3. How long do your visitors typically stay when they visit? _____
4. Is there any non-residential use, i.e. small business, staff, hobby wine/beer making, dog kennel, horse blanket washing, etc (please describe):

5. Is anyone using the system on long-term antibiotics, undergoing chemotherapy, kidney dialysis, etc.? _____
6. Is this property is used (please circle): **Full-time** **Part-time** **Seasonally**
7. Are appliances and fixtures (toilets) older or the newer water-saving type? Will this change?

8. Are there any or do you plan to add multi-head showers or large tubs?

9. The washing machine is: *(please circle)* **Top-loading** **Front-loading**

10. How many loads are typically washed each week? _____

11. Do you wash clothes in hot water or cold water? Do you use liquid or powder detergent?

12. Please list the most common types of cleaning solutions you use.

13. Is there a garburator in the kitchen sink? Do you plan to install one?

IF YOU ARE THE PROPERTY OWNER

1. Have you ever heard gurgling or burping noises coming from the drains?

2. Have you had fixtures refuse to drain or flush that could not be corrected by clog removal?

3. Have you ever observed sewage back-up into the building?

4. Have you ever observed sewage-like liquids or spongy areas on the surface of the ground?

5. Have you ever observed sewage-like odours around the building or property?

6. If there is an alarm connected to the system? **Yes** **No**

7. If the alarm goes off, describe how often & under what circumstances?

OTHER

Do you have any additional questions or concerns?

PAYMENT

Credit Card: _____ Expiry: ____ / ____ CVV: _____

Name on Card: _____ Card Type: VISA MasterCard

Client Signature: _____ Date: _____

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