



The Corporation of the
Township of Wilmot

**SEPTIC SYSTEMS
SURVEY**

60 Snyder's Road West, Baden, Ontario N3A 1A1

Development Services Department
t. 519.634.8444. f. 519.634.5044

Property Address	Inspection # R ____ - ____	Roll # OFFICE USE ONLY
------------------	-------------------------------	--------------------------------------

*PLEASE COMPLETE THE SURVEY AND SUBMIT TO THE DEVELOPMENT SERVICES DEPARTMENT.
AFTER SUBMISSION THE APPLICANT WILL BE CONTACTED TO SCHEDULE THE SEPTIC INSPECTION.*

SEPTIC SYSTEM INFORMATION
(FOR SYSTEMS REGULATED BY PART 1.10, DIV. C OF THE OBC)

OWNER

Name: _____
Telephone Number: _____
Email: _____

SEPTIC SYSTEM LAYOUT (for location purpose)

Simple sketch showing (if applicable) aprox. location of the house, septic tank, treatment unit, septic bed, property lines, wells, ponds/streams, other structures in close proximity to the septic system

GENERAL BUILDING INFORMATION

Number of Bedrooms: _____
Number of fixtures:
Toilet/W.C.: _____ Bar Sink: _____
Basin/Lav: _____ Washer: _____
Tub/shower: _____ Laundry Tub: _____
Kitchen Sink: _____
Does a water softener discharge to the septic system?
YES / NO
Does a garburator discharge to the septic system?
YES / NO
Water source: drilled well / dug well / municipal

- IMPORTANT! TO BE COMPLETED BEFORE INSPECTION**

 - ✓ Septic Tank was pumped within last 6 months before the Inspection
 - ✓ Septic Tank Pump-out Record is attached to the survey
 - ✓ Tank lids to be exposed for the scheduled Inspection

I _____ declare that the information contained in this application and attached documentation is true to the best of my knowledge.

Signature

Date

PLEASE NOTE ADDITIONAL INFORMATION MAY BE REQUIRED UPON COMPLETION OF INSPECTION.