



### STR Septic Inspection Form

Date and Time of Inspection: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_ BCIN/Firm BCIN: \_\_\_\_\_

Septic Company's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

- Class 4 System                       Class 5 System

Size of Tank \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Fixture Units \_\_\_\_\_

Finish Floor Area \_\_\_\_\_

#### Tank – Class 4

**Pass    Fail**

- Lid in good condition- no cracks, properly sealed.
- Tank appropriate size.
- Baffle installed.
- Effluent Filter Installed.
- Date of last pump out \_\_\_\_\_ . (If unknown-fail)
- No apparent odours or leaks from tank.
- Meets provisions of the Current Part 8, OBC.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STR Septic Inspection Form

### Tank – Class 5

- | Pass                     | Fail                     |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Cover in good condition- no cracks, properly sealed.         |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual alarm installed and in good working order.            |
| <input type="checkbox"/> | <input type="checkbox"/> | Audible alarm installed and in good working order – Tested   |
| <input type="checkbox"/> | <input type="checkbox"/> | Date of last pump out _____ . (If unknown-fail)              |
| <input type="checkbox"/> | <input type="checkbox"/> | Class 5 Pump Out Agreement submitted and on file at Township |
| <input type="checkbox"/> | <input type="checkbox"/> | No apparent odours or leaks from tank.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Meets provisions of the Current Part 8, OBC.                 |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Septic Bed

- | Pass                     | Fail                     |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Bed dye tested for leaks.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | No visual indications of a leaking septic bed.    |
| <input type="checkbox"/> | <input type="checkbox"/> | No odours from septic bed area.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | No pooling of water / effluent in septic be area. |
| <input type="checkbox"/> | <input type="checkbox"/> | Meets provisions of the with Current Part 8, OBC. |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **STR Septic Inspection Form**

This STR Septic Inspection Form shall be completed by a qualified septic installer / contractor with current BCIN and will form part of the application and is only valid when dated within thirty (30) days of the date of the application confirming that the septic system at the Short-Term Rental Unit is functional and adequate for the maximum Occupancy of the Short-Term Rental Unit.