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On-site sewage system m	alfunction ins	pection form
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Name & Designation of Assessor/Inspector:		
Inspector QP PEng Installer Cleaner		
Submission	Туре	
Assessment/Inspection only		
Application or Notification for system to replace	e a malfunction	
Property Info Owners Name:		
Address:		
County:	PID:	
Property size/area:		
System Information		
System Installer:	System age, or estimate:	
Approval #:	System type (e.g. C1):	
System Length:	Interceptor/swale: Yes No	
System Selector/Designer: Pressurized: Yes No		
Pump Siphon	Dose device	
Septic tank size: # of chambers:		
Tank constructed from: Concrete Fiberglass Plastic Other:		
Condition of tank: Watertight: Yes No		
Effluent Filter: Yes No	Sewage pumped into tank? Yes No	
Date tank pumped:	Regular pumping: Yes No	
Usage Information		
# of people using system:		
Occupancy:    Full-time  Part-time/seasonal  Vacant  Other:		
Full-time Part-time/seasonal vacant Other.		
Water Treatment: Yes No Backwash connected to system: Yes No		
Garbage Grinder: Yes No Backwash connection corrected: Yes No		

Malfunction Information		
Problem first observed: Previous repairs: Yes No		
<u>Nature of Problem</u> : Breakout Backup Slow draining Clogged disposal field Odour Broken pipe Other, please provide details:		
Frequency of Problem: Continuous Occasional After heavy rain Cold temperatures		
Please provide comments/details including potential cause and action taken:		

Signature

Date