

# On-site Sewage Malfunction

## Inspection Form



*In keeping with the privacy provisions of the Nova Scotia Freedom of Information & Protection of Privacy Act, Nova Scotia Department of Environment and Climate Change will only use the personal information for the purpose for which the information was obtained or compiled, or for a use compatible with that purpose.*

**Name & Designation of Assessor/Inspector:** \_\_\_\_\_

☐ Inspector    ☐ QP    ☐ P.Eng    ☐ Installer    ☐ Cleaner

**Submission Type**    ☐ Assessment/Inspection only  
☐ Application or Notification for system to replace a malfunction

### Property Information

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**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    **If yes:** ☐ Pump    ☐ Syphon    ☐ Dose Device

**Septic tank size:** \_\_\_\_\_ **# of chambers:** \_\_\_\_\_

**Tank constructed from:** ☐ Concrete    ☐ Fibreglass    ☐ 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 the system:** \_\_\_\_\_

**Occupancy:** ☐ 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

**Nature of Problem:**

- ☐ Breakout ☐ Backup ☐ Slow draining  
☐ Clogged disposal field ☐ Odour ☐ Broken Pipe  
☐ Other (please provide details):

**Frequency of Problem:**

- ☐ Continuous ☐ Occasional ☐ After Heavy Rain ☐ Cold Temperatures  
☐ Other (please describe):

**Please provide comments/details including potential cause and action taken:**

---

**Signature**

---

**Date**