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| For office use: |
| Permit No _____ |
| Date: _____ |

Septic System Decommissioning Form

(Ontario Building Code 8.9.1.2(1)(b) — Requirement for Permit 8.-(1) Building Code Act)

Contact Information:

Property Owner Name _____ Phone Number _____

Mailing Address (if different from project location) _____
 _____ Postal Code _____

Project Location:

Address _____ Township/Ward _____

Lot _____ Concession _____ Sublot _____ Plan _____

Reason for Decommissioning: connection to public sewer, connection date: _____
 system relocation
 other: _____

Anticipated Date of Pumpout: _____

Date of Backfill of Stone/Sand in Tank: _____

Signature of property owner: _____ Date: _____

FOR OFFICE USE ONLY

Tank Coordinates: x = _____ y = _____

Tank Pumping:

tank was pumped of its contents on _____ by _____
(date) (name of registered hauler)
 pumping receipt attached

Backfill:

the septic tank/holding tank at the above location was backfilled with sand/gravel or suitable soil on _____
(date)

Disposal Field:

disposal field to be dismantled
 disposal field will not be dismantled

Inspection Request:

Comments: _____

THIS CERTIFIES THAT THE SEPTIC SYSTEM HAS BEEN DECOMMISSIONED IN ACCORDANCE WITH OSSO REQUIREMENTS

Decommissioning approved by:

Inspector: _____ Date: _____

SITE DRAWING

Include the following:

- location of septic system (tank and bed)
- well
- any structures
- road and laneway