Ottawa Septic System Office
Bureau des systèmes septiques d'Ottawa

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: _____