

SIMPLIFIED WASTEWATER ONSITE RECORD

Generic Information

Service Provider: (Name, Address, Emergency Phone/TXT number)

System Owner: (Contact details)

System location (full street address including city and postcode. Property Tax ID#)**:**

Number of bedrooms: _____

Technical details

(All measurements should be either in metric or imperial units)

Location of main sewer outlet pipe exiting house (a basic sketch will do):

Length of pipe between tank or house: _____

Depth of tank: _____

Connection to tank (circle the correct answer): Rubber | Cement

Size of tank (Length: _____ | Width: _____ | Height: _____)

Depth of tank: _____

Number of inspection hatches or risers: _____

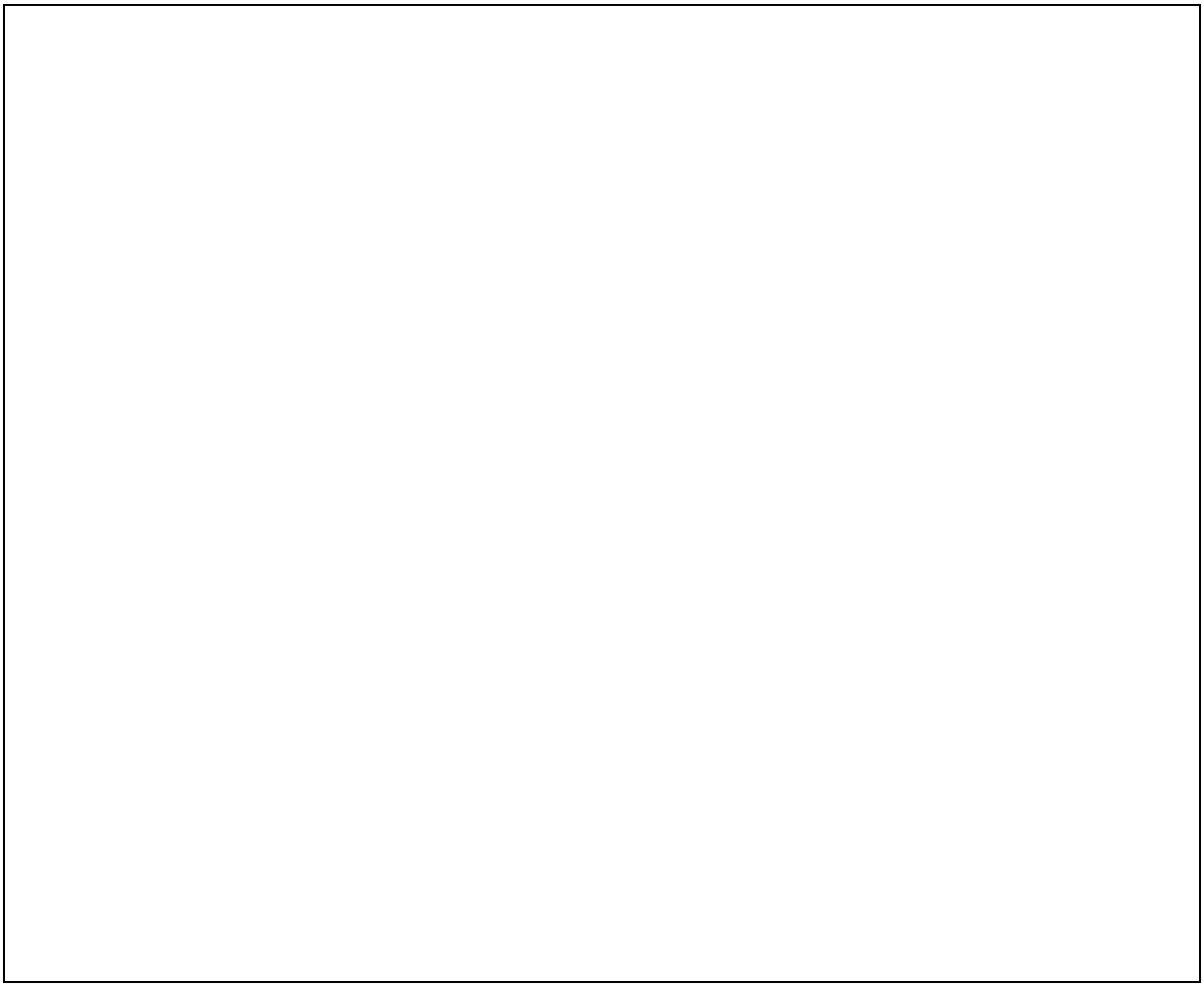
Number of tank compartments: _____

Is there a pump timed dosing tank (circle the correct answer):

Yes No

Combined tank capacity (in either gallons or litres): _____

Site plan:



Details about installation

Date of installation: _____

Permit on File with (if known):

Installer (if known):

Service history

Last serviced: _____

Condition of inlet:

Condition of outlet baffles (if any):

Treatment field

Permitted size (Width: _____x Length: _____)

Actual size (Width: _____x Length: _____)

Types of beds or trenches:

Number of distribution pipes or chambers: _____

Width on centre: _____

Location of inspection ports if any:

Additional comments (if any):

Date: _____

Signature: