

Township of Algonquin Highlands Building Department 1123 North Shore Road Algonquin Highlands, Ontario KOM 1J1 705-489-2379



WSP Canada Inc.
Septic Re-Inspection Project Team
126 Don Hillock Drive, Suite 2
Aurora, Ontario
L4G 0G9
1-289-984-0432 or toll-free at 1-800-263-7419 (in Canada only)

April 20, 2018

Re: Township of Algonquin Highlands Septic Re-Inspection Program

Septic Questionnaire

Dear Property Owner,

Please complete the following Questionnaire to your best abilities (you may leave sections blank if unknown). WSP encourages you to have this Questionnaire available for review by the WSP Inspector at the time of your inspection to aid in the inspection process.

| Septic Questionnaire |
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| Inspection Property (Municipal Address): |
| Occupancy Data (fill out all that apply) |
| Residential Seasonal or Permanent Finished Floor Area: Number of Bedrooms: |
| Commercial Type of Occupancy: Office Restaurant Store Service Station Other |
| Please fill in all that apply: Finished Floor Area: Number of Employees: Number of Fuel Nozzles: Number of Water Closets: |
| Institutional Type of Occupancy: Church School/Day Care Hall Other Please fill in all that apply: Finished Floor Area: Number of Employees: Building Capacity or Usage: Number of Water Closets: Number o |
| |
| Water Supply Data |
| What type of water supplies exist on your property (please check all that apply): |
| Dug/Bored Well ☐ Surface Water ☐ Municipal ☐ Drilled Well ☐ Sand Point ☐ Cistern ☐ |







| Sewage System Data |
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| What type of septic system(s) do you have (check all that apply): |
| Class 1 (Privy/Outhouse) Class 2 (Greywater Pit) Class 3 (Cesspool) |
| Class 4 (Septic Tank/Treatment Unit & Leaching Bed) Class 5 (Holding Tank) |
| If known, please identify the type and size of sewage tankage (i.e. Septic Tank, Holding Tank, etc.) |
| Septic Tank (if present): Size/Volume Imp Gal Litres US Gal |
| Holding Tank (if present): Size/Volume Imp Gal ☐ Litres ☐ US Gal ☐ |
| If known, please identify other septic system components (if present): |
| Balancing/Pump Tank ☐ Distribution Box ☐ |
| Advanced Treatment Unit |
| System Age |
| Date of last pump-out: Month/Year:Approximate installation date of septic system component(s): Month/Year: |

General sketch of the property:

Please include the locations and approximate distances between septic system components (tank, bed, greywater pit), structures (house, shed, garage), surface water features, and onsite/neighbouring wells. You may supply a copy of your permit in replacement of this sketch, if available. Please ensure that all documentation supplied to WSP are not the original document(s) as they will not be returned to the owner.

