



Instructions for Completing the Evaluation Form for Existing On-Site Sewage Systems

General Information Applicable to Sewage Evaluations:

1. Please complete the following form by checking appropriate lines and filling out blanks.
2. This Evaluation Form must be completed by a “Qualified” person engaged in the business of constructing on site, installing, repairing, servicing, cleaning or emptying sewage systems.
3. If sewage system malfunctions are found during an evaluation (surfacing or discharge of improperly treated sewage effluent) which indicate a possible health hazard or nuisance, orders may be issued for correction.
4. Evaluations should be scheduled accordingly so as not to delay the application process.
5. Completed Forms MUST be submitted as part of a “complete” Planning Application. Failure to meet this date may cause the application to be deferred.
6. Completed Forms must be returned to:

Building Division

Simcoe Office
185 Robinson St. Suite 200
Simcoe, ON N3Y 2J4
Fax: (519) 427-5901

Langton Office
22 Albert St.
Langton, ON N3Y 2J4
Fax: (519) 875-4789

7. Evaluation Forms will become part of the property records of Norfolk County Building Division.
8. No On-Site Sewage System Evaluation will be conducted where:
 - snow depth exceeds two (2) inches, or
 - grass and brush exceeds twelve (12) inches
9. The comments that are given as a result of this evaluation are rendered without complete knowledge or observation of some of the individual components of the sewage system and applies only to the date and time the evaluation is conducted.

Revised: March 18, 2016



Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE No.:		DATE RECEIVED:	
PROPERTY INFORMATION		Municipal Address:			
Owner:			Lot:	Concession:	
Lot Area:		Lot Frontage:	Assessment Roll No.		
PURPOSE OF EVALUATION		<input type="checkbox"/> Consent	<input type="checkbox"/> Minor Variance		<input type="checkbox"/> Site Plan
		<input type="checkbox"/> Zoning	<input type="checkbox"/> Other _____		
BUILDING INFORMATION		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural
Building Area:		No. of Bedrooms:	No. of Fixture Units:	Is the building currently occupied? Yes / No If No, how long?	
EVALUATOR'S INFORMATION		Evaluator's Name:		Company Name:	
Address:			Postal Code:	Phone:	
Email:			BCIN #		
SITE EVALUATION		Ground Cover (trees, bushes, grass, impermeable surface):		Soil Type:	
Site Slope: <input type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep		Soil Conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry		Depth of Water Table: _____ ft.	
Surface Discharge Observed: Yes No		Odour Detected: Yes No		Current Weather (at time of evaluation):	
SYSTEM EVALUATION		Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input type="checkbox"/> 4 (Leaching Bed) <input type="checkbox"/> 5 (Holding Tank)			
Tank: <input type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			Size: _____ Gal.	Pump: Yes No	
Distribution System: Area: <input type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium		No. of Tile Runs:	Total Length of Tile:	Distance Between Tile Runs:	
Tile Material: <input type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other		Ends: <input type="checkbox"/> Capped <input type="checkbox"/> Joined	Cover: <input type="checkbox"/> Filter Cloth <input type="checkbox"/> Sand <input type="checkbox"/> Top Soil <input type="checkbox"/> Seeded		
Setbacks:			Tank		Distribution Pipe
Distance to Buildings & Structures (ft)					
Distance to Bodies of Water (ft)					
Distance to Nearest Well (ft)					
Distance to Proposed Property Lines		Front _____ Rear _____ Side _____ Side _____		Front _____ Rear _____ Side _____ Side _____	

OVERALL SYSTEM RATING	<input type="checkbox"/> System Working Properly / No Work Required <input type="checkbox"/> System Functioning / Maintenance Required <input type="checkbox"/> System Not Functioning / Minor Repair Required <input type="checkbox"/> System Failure/Major Repair / Replacement Required <u>Note:</u> Any repair/replacement of an on site sewage system requires a building permit. Contact the Norfolk County Building Division at (519) 426-5870 for more information.
	Additional Comments:

VERIFICATION	
<p>OWNER: The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall in any way exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.</p> <p>I, _____ (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respect to all matters pertaining to the existing on-site sewage system evaluation.</p> <p>_____</p> <p>Owner Signature _____ Date _____</p>	

<p>EVALUATOR:</p> <p>1. I, _____ declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which may adversely affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.</p> <p>_____</p> <p>Evaluator Signature _____ Date _____</p>	
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BUILDING DIVISION COMMENTS	
Comments: _____ _____	
<p>I, _____ have reviewed the information contained in this form as submitted.</p> <p>_____</p> <p>Chief Building Official or designate _____ Date _____</p>	



On Site Sewage Disposal System Location Plan

DATE: _____

APPLICATION NUMBER: _____

OWNER _____

EVALUATOR _____

PROPERTY ADDRESS _____

Please provide a DIMENSIONED sketch drawing indicating EXISTING AND PROPOSED property lines, existing roads and driveways, location of all existing buildings, location of existing wells, and location of existing septic tanks and tile beds.

A large grid for sketching the site plan, consisting of 20 columns and 20 rows of squares.

PREPARED BY: _____

NOTE: The above sketch is not to exact scale.

