



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:	
<input type="checkbox"/> tank was pumped of its contents on _____ by _____	
<input type="checkbox"/> pumping receipt attached (date) (name of registered hauler)	
Backfill:	
<input type="checkbox"/> the septic tank/holding tank at the above location was backfilled with sand/gravel or suitable soil on _____ (date)	
Disposal Field:	
<input type="checkbox"/> disposal field to be dismantled	
<input type="checkbox"/> 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