



Township of Minden Hills
 Building Department
 7 Milne Street, PO Box 359
 Minden, Ontario
 K0M 2K0
 705-286-1260



WSP Canada Inc.
 Septic Re-Inspection Project Team
 126 Don Hillock Drive, Suite 2
 Aurora, Ontario
 L4G 0G9
 289-984-0448

Re: Township of Minden Hills Septic Re-Inspection Program
Septic Questionnaire - Optional

Dear Property Owner,

Please complete the following Questionnaire to the best of your ability (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.

Septic Questionnaire	
Inspection Property Address: _____ Inspection Property Tax Roll Number: _____ Name of Person Completing Questionnaire: _____	
Occupancy Data (fill out all that apply)	
A) <u>Residential Properties Only:</u> Type of Occupancy: Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Finished Floor Area: _____ Number of Bedrooms: _____	
B) <u>Commercial Properties Only:</u> Type of Occupancy: Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Store <input type="checkbox"/> Service Station <input type="checkbox"/> Other _____ Please fill in all that apply: Finished Floor Area: _____ Number of Employees: _____ Number of Fuel Nozzles: _____ Number of Water Closets: _____	
C) <u>Institutional Properties Only:</u> Type of Occupancy: Church <input type="checkbox"/> School/Day Care <input type="checkbox"/> Hall <input type="checkbox"/> Other _____ Please fill in all that apply: Finished Floor Area: _____ Number of Employees: _____ Building Capacity or Usage: _____ Number of Water Closets: _____	
Water Supply Data	
What type of water supplies exist on your property (check all that apply): Drilled Well <input type="checkbox"/> Surface Water (Lake or River) <input type="checkbox"/> Bottled <input type="checkbox"/> Municipal <input type="checkbox"/> Dug/Bored Well <input type="checkbox"/> Sand Point <input type="checkbox"/> Cistern <input type="checkbox"/>	



Sewage System Data

What type of septic system(s) do you have (check all that apply):

- Class 1** (Privy/Outhouse, Composting/Incinerating Toilet)
- Class 2** (Greywater Pit)
- Class 3** (Cesspool)
- Class 4** (Septic Tank/Treatment Unit & Leaching Bed)
- Class 5** (Holding Tank)

If known, please identify the size of sewage tankage (i.e. Septic Tank, Holding Tank, etc.)

Septic Tank Holding Tank : 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 Advanced Treatment Unit Type/Supplier: _____

Servicing Company: _____

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. Please ensure that all documentation submitted to WSP is not the original document(s) as they will not be returned to the Owner:

