



**The Corporation of the Town of Huntsville**  
**Policy and Procedure**  
**SEWAGE SYSTEM MAINTENANCE INSPECTION POLICY AND PROCEDURES**  
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**Town of Huntsville**  
**SEWAGE SYSTEM MAINTENANCE INSPECTION PROGRAM**  
**INSPECTION REPORT**  
**Page 1**

**File Information: Approval Required**

Property Owner	Roll #
Address	Permit #
Approval	MOEE <input type="checkbox"/> Health Dept. <input type="checkbox"/> Building Dept. <input type="checkbox"/> Use Permit <input type="checkbox"/> Final <input type="checkbox"/>
Type of Building	Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Bunkie <input type="checkbox"/>
State the number of	Bedrooms _____ Bathrooms _____ Floor area excluding basement _____
Type of Tank	Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Treatment <input type="checkbox"/> Plastic <input type="checkbox"/> Tank sizes _____
Type of System	Filter Bed <input type="checkbox"/> Trench Bed <input type="checkbox"/> Class A <input type="checkbox"/> Holding Tank <input type="checkbox"/>
System size	Bed size _____ sq m Pipe length _____ m Holding Tank size _____ L
Water Supply	Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Municipal <input type="checkbox"/> Lake <input type="checkbox"/>
Sewage Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Field Information**

General Bed Condition	Notes
Overgrown Yes <input type="checkbox"/> No <input type="checkbox"/>	
Erosion Yes <input type="checkbox"/> No <input type="checkbox"/>	
Visible break out Yes <input type="checkbox"/> No <input type="checkbox"/>	
Odour Yes <input type="checkbox"/> No <input type="checkbox"/>	
Distribution Box Yes <input type="checkbox"/> No <input type="checkbox"/>	
Follow Up Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Office Use**

Maintenance Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Re-Inspection Yes <input type="checkbox"/> No <input type="checkbox"/>	
Order Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permit Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Compliance:	
Inspector's Signature:	Date:



**APPENDIX "B"**

**MMA Approved – Third Party Certificate**

Person Signing Certificate

(Name, Address, Business telephone number, Building Code Identification Number, if applicable)

**Certificate**

**Discretionary Sewage System Maintenance Inspection Program**  
(pursuant to Article 1.10.1.3. of Division C of the Building Code)

Certificate Number: \_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_

Address of Property on which Sewage System is Located: (hereinafter called the "Property")

Owner of Property on which Sewage System is Located:

Certificate issued to (name and address of Principal Authority):

**Town of Huntsville, 37 Main ST E, Huntsville ON P1H 1A1**

**Certification**

I certify that:

- (a) I am a person described in Sentence 1.10.1.3.(3) of Division C of the Building Code.
- (b) I have conducted an inspection of the sewage system located at the Property.
- (c) I am satisfied on reasonable grounds that the sewage system located on the Property is in compliance with the standards enforced by the maintenance inspection program in relation to sewage systems established by [name of Principal Authority] under clause 7 (1)(b.1) of the *Building Code Act, 1992*.

Certificate issued by:

Name: \_\_\_\_\_

Complete as applicable:

- ☐ BCIN \_\_\_\_\_
- ☐ I am the holder of a licence, a certificate of practice or a temporary licence under the *Architects Act*.
- ☐ I am a person who holds a licence or a temporary licence under the *Professional Engineers Act*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This certificate is approved by the Minister of Municipal Affairs and Housing under the *Building Code Act, 1992*

[Personal information contained in this form and schedules is collected under the authority of clause 34(2.1)(c) of the *Building Code Act, 1992* and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 595-6666.]