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OWNER(S) CONSENT AND AUTHORIZATION TO ENTER PROPERTY FOR AN ON-SITE SEWAGE SYSTEM INSPECTION

OWNER(S) INFORMATION (Email completed form to: justin@acebobcat.com)

Name(s):		
Property Address:		Parcel Identity Number:
City:	Province:	Postal Code:
Phone:	Cell:	Email:

OWNERS CONSENT AND AUTHORIZATION

I/we consent to entry of the property located above for the purpose of assessing the on-site sewage system and hereby authorize Ace Bobcat Ltd. and its registered practitioner/personnel to inspect the on-site sewage system located on this property.	<input type="checkbox"/> INITIAL
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Owner(s) consent to the Practitioner performing work as defined below:

1. Locate and expose all components if not accessible and at surface?		YES	NO
2. Pump out septic tank(s)?		YES	NO
3. If not accessible or we are unable to locate certain components due to depth is machine intervention allowed? (Small excavator - Kubota U25)		YES	NO
4. Conduct a performance evaluation of the on-site sewage sewerage system?		YES	NO
5. Conduct an inspection of the onsite components including dispersal field?		YES	NO

Owner(s) accept responsibility for costs associated with the work as defined below:

1. Locate and expose all components if not accessible and at surface?		YES	NO
2. Pump out septic tank(s)		YES	NO
3. If there is follow up repair work to be completed do you consent to the completion of this work after receiving a detailed estimate from the Registered Practitioner?		YES	NO
4. Do you consent to any costs associated with the assessment?		YES	NO

I/we will take all reasonable steps to keep clear from all areas where the Practitioner is undertaking the work as defined above, and keep others clear from the same areas. I/we also understand the said Practitioner is not responsible to return areas to exact condition if excavation by Practitioner is required.	<input type="checkbox"/> INITIAL
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I/we understand(s) that the Practitioner assumes no liability on account of accidents to persons or property. The owner(s) hereby consent to and authorize the above service and guarantee payment of all charges as indicated.	<input type="checkbox"/> INITIAL
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Owner Name:	Owner Signature:	Date:
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Owner Name:	Owner Signature:	Date:
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HOMEOWNER(S) USAGE QUESTIONNAIRE

INSPECTION INFORMATION

In order to perform the on-site sewage system assessment, Ace Bobcat Ltd. and its Practitioner(s) will need access to the property to assess, test and evaluate multiple components that make up the dispersal system.

The following questionnaire will help us gather the pertinent information about your on-site sewage dispersal system. The information gathered here will be used only for the sole purposes of determining the current condition, functionality and suitability of the onsite sewage system.

During the assessment, the Practitioner may need to access the home/building that the onsite system serves in order to verify that all grey and/or blackwater from the home/building/sub dwellings are properly connected to the onsite wastewater system. This testing may take up to 15 minutes.

ABOUT THE PROPERTY

1. Is this property currently tenanted?	<input type="checkbox"/> YES <input type="checkbox"/> No			
If yes, are the tenants aware of the assessment, to provide access to the home/building if necessary?	<input type="checkbox"/> YES <input type="checkbox"/> No			
2. To your knowledge, was this home/building ever upgraded in floor space or bedrooms? Was this done with or without a building permit?	<input type="checkbox"/> YES <input type="checkbox"/> No			
3. Has the property ever had a business that may have involved chemicals (wine making, dark room etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> No			
4. Have you obtained or are you able to provide us with the following documents?	Land Title	<input type="checkbox"/> YES	<input type="checkbox"/> No	
	Drawings for existing system	<input type="checkbox"/> YES	<input type="checkbox"/> No	
	Paperwork from VIHA	<input type="checkbox"/> YES	<input type="checkbox"/> No	
5. Are you aware of any restrictive covenants, easements, or rights of way at the subject property?	<input type="checkbox"/> YES <input type="checkbox"/> No			
6. Please indicate the legal lot size of the subject property:				
7. Are the property lines clearly marked and not in dispute?	<input type="checkbox"/> YES <input type="checkbox"/> No			



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DRINKING WATER	
1. Please indicate your water source:	<input type="checkbox"/> city <input type="checkbox"/> drilled well <input type="checkbox"/> shallow well <input type="checkbox"/> other
2. If the property has a well, please describe the location of the well on the property.	
3. Is there a water treatment system installed in the home/building?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, please indicate what it is used for:	<input type="checkbox"/> iron removal <input type="checkbox"/> water softener <input type="checkbox"/> disinfectant
4. If the subject property has a well, has the water been tested recently by an accredited facility?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> No well on property
If yes, are the results available for review by the practitioner?	<input type="checkbox"/> YES <input type="checkbox"/> No
ON-SITE DISPERSAL SYSTEM	
1. Please indicate the age of the system:	
2. Are you currently under contract with a maintenance provider or service technician?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, please indicate if reports are available to our practitioner and will they be provided for this assessment?	<input type="checkbox"/> YES <input type="checkbox"/> No
3. When was the last time you had the septic tank cleaned/pumped?	
4. Have you modified or upgraded the dispersal system or tanks?	<input type="checkbox"/> YES <input type="checkbox"/> No
If yes, please indicated the upgrades or changes:	
5. If applicable, were the changes done with a filing/permit?	<input type="checkbox"/> YES <input type="checkbox"/> No
6. Have you installed any low-flow toilets or appliances in your home?	<input type="checkbox"/> YES <input type="checkbox"/> No Describe:
HOME/BUILDING INFORMATION	
1. Please indicate the age of the home/building:	
2. What is the total floor space of the home/building?	
3. Number of bathrooms:	
4. Number of bedrooms:	



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5. Number of people occupying the home/building:

Thank you for completing the questionnaire, as this information will help to accurately determine the current functioning of the on-site sewage dispersal system.

Please add any additional notes below you may think to be helpful for us when conducting the assessment of the onsite system. (Example - Hand Drawn Sketch)

DATE:

FORM FILLED BY:

SIGNED:

REALTORS CONTACT EMAIL & TELEPHONE: