

HOWARD CAMPBELL AND SONS LTD.

DATE Sept 19/13 TIME 10:00

P.O. BOX 30, LYN, ON K0E 1M0

PHONE / FAX 613-342-6105

A. GENERAL INFORMATION

Property Owner(s): _____ Representing Owner(s): Monica Graham

Mailing Address: _____ Postal Code: _____

Inspection Location: 12 Sunny Meade Ave

Tel #: _____ Alternative Tel #: _____ Fax #: _____

Municipality: Augusta Twp

Cottage Seasonal: Yes No Residential: Yes No Commercial: Yes No Other: _____

B. INSPECTION DETAILS

Septic Tank: Yes No Tank Type: Concrete Fiber Poly Steel Other _____ Size of Tank: 600g

Pump Out: Yes No Frequency: Annual 2-3 3-4 4-5 >5 Never

Inlet Baffle: Good Poor Missing Outlet Baffle: Good Poor Missing Number of Compartments: 2

Comments: System looks to be in good working condition on the date of inspection

Tile Bed: Yes No Bed Type: Raised Inground Trench Filter Area Other: _____

Bed Conditions: Wet Veg Trees Exposed Pipe Erosion Slopes Comments: Run water in bed for 30 min. with good flow. No run back

Grey Water Disposal Type: _____ Comments: _____

Holding Tank: Yes No Tank Type: Concrete Fiber Poly Steel Other _____ Size of Tank: _____

All Grey Water Directed to Holding Tank: Yes No

Warning Device: Yes No Alarm Working: Yes No Pump Out Agreement: Yes No Pumper: _____

Comments: Inlet Lid needs to be replaced.

However, we are in no position to guarantee the continuing operation of the septic system or holding tank

3230

Inspected By: Paul Campbell

Invoice Number: _____

HOWARD CAMPBELL & SONS LTD.

HST REG. NO. R102406311

Septic Tank Service • Portable Toilet Rentals

49 Main Street, P.O. Box 30
LYN, ONTARIO KOE 1M0
Phone/Fax 613-342-6105

*David
Stoane*

CUSTOMER ORDER NO. TELEPHONE DATE *Sept 15/23*

NAME *Monica Graham*

ADDRESS *12 Sunny Meade Ave*

CASH CHECK CARD CHECK DEBIT CARD C.O.D. ON ACCT. MDSE. RETD. PAID OUT

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

SPECIAL INSTRUCTIONS			
<i>Pumped and inspect</i>	<i>175.00</i>		
<i>inspected Pump</i>	<i>325.00</i>		
<i>Septic Tank and System</i>			
<i>Paid with CC on File</i>			
SUBTOTAL		<i>442.48</i>	
HST / GST		<i>57.52</i>	
PST			
TOTAL		<i>500.00</i>	

All claims and returned goods MUST be accompanied by this bill.
SOLD BY RECEIVED BY

46153

THANK YOU

Product 609