TOWNSHIP OF MUSKOKA Lakes

P.O. Box 129, 1 Bailey Street, Port Carling, Ontario, P0B 1J0
Website: www. muskokalakes.ca
Phone: 705-765-3156
Fax: 705-765-3197

PHASE II SEWAGE SYSTEM INSPECTION REPORT – WITH PERMIT

OWNER: Doug Reid PROPERTY ADDRESS: 1048 Brackenrig Road
ROLL NUMBER: 445302000701600 CONTACT INFO:
PERMIT NUMBER: WA-56-86 doug@mymuskokacottages.com

July 24,2025

1) Septic Tank

a) *Check off all that apply:*
- [X] Risers/lids accessible
- [X] Baffles in place
- [X] Inlet baffle free of corrosion
- [X] Outlet baffle free of corrosion
- [ ] Effluent filter present
- [X] Scum layer healthy

b) Are lids and tank free of spalling, cracks or visible damage? [X] Yes [ ] No

c) Are inlet and outlet pipes visible with no sign of settling? [X] Yes [ ] No

d) Are lid hatches secure? [X] Yes [ ] No

e) Where is the liquid level in the tank?
- [X] Base of outlet pipe
- [ ] Above outlet pipe
- [ ] Below outlet pipe

f) Scum layer depth 6" Sludge layer depth 6"

g) Is pump-out required? [X] Yes [ ] No

h) Tank Material [ ] Concrete [X] Plastic [ ] Steel

Notes: _____

2) Pump(s) & Pump Chamber(s) *(if applicable)*

Check off applicable pump type(s): [ ] **Effluent Pump** [X] **Raw Sewage Pump**

a) Check off all that apply:
- [X] Risers/lids accessible
- [X] Pump and float functional
- [ ] High-level alarm utilized
- [ ] High-level alarm functional
- [X] Electrical plugged in
- [ ] Electrical protected

b) Are lids and chamber free of spalling, cracks or visible damage? [X] Yes [ ] No

c) Pump Chamber Material: concrete

Notes: _____

3) Treatment Unit *(if applicable)*

Please comment on the functionality of the unit (odors, alarms, electrical panels, etc):

**Please attach the most recent maintenance report with the submission of this report.*

4) Leaching Bed

a) *Check off all that apply:* ☒ Trees 5m+ to pipe ☒ Bed free of visible roots ☒ No heavy objects on bed

b) Provide details on bed cover and condition (ie. signs of ponding, lush grass, etc.):

Vegetation recently removed from bed area . Clearing will require more vigilant effort in the future to ensure deep rooting vegetation does not take hold.

c) Flow Trial Results:

Flow test consisted of four pump cycles revealing lengthening pump times each cycle. No evidence of breakout or back up.

5) Sewage Flow & Water Supply Information

	Dwelling	Building 2: _____	Building 3: _____
# of Bedrooms	3		
# of Fixtures	15		
Finished Floor Area	<200 sq. metres		
TOTALS			

a) Select one: ☒ Seasonal Use ☐ Year-round Use

b) Water softener in use: ☐ Yes ☒ No

c) Water Suppy: ☒ Drilled Well ☐ Dug Well ☐ Lake ☐ Municipal ☐ Shallow or Sand Pt. ☐ Other: _____

Inspected By: Sandy Bos **Date:** July 24, 2025 **BCIN/Credentials:** 12834

Ministry of Municipal Affairs & Housing
Approved Third Party Certificate

Sandy Bos
1406 Golden Beach Road, Bracebridge,ON.
705-644-3808 BCIN 12834

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

Certificate Number: WA-56-86 **Date Certificate Issued:** Dec. 15, 1986

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

1048 Brackenrig Road, Twp of Muskoka Lakes

Owner of Property on which Sewage System is Located:

Doug Reid

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

Township of Muskoka Lakes, 1 Bailey Street, Port Carling, ON P0B 1J0

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: Sandy Bos

Complete as applicable:

- ☒ BCIN 12834
- ☐ 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: Sandy Bos Date: July 24, 2025

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) 585-6666.]