

ONSITE SEWAGE SYSTEM CERTIFICATION OF MAINTENANCE

To:	Capital Regional District Parks & Environmental Services 625 Fisgard Street, PO Box 1000, Victoria, BC V8W 2S6			This form is required annually for Type 2 & 3 systems in the following municipalities only: Colwood Langford
Re:	Property Add	Address and Strata # (if applicable)		SaanichView Royal
	Municipality			
Please be advised that the maintenance of the sewage system on the above-described property was completed in accordance with the maintenance plan as prescribed by the Planner on:				
(day/month/year)				
I, the undersigned, am an authorized person as defined in the Sewerage System Regulation, BC Reg. 326/2004 and certify that I have conducted the following activities on the above-described property:				
 Maintained the sewerage system according to the Maintenance Plan and the standards in the Sewerage System Standard Practice Manual □ Confirmed safe access for ongoing maintenance and monitoring □ Confirmed the safety of the sewerage system including, but not limited to, physical, electrical and biological hazards □ Written a brief report on each maintenance activity □ Reported all maintenance to the owner □ Reported all suspected health hazards to the Health Authority 				
And conclude that: The sewerage system is performing as intended				
	AL	JTHORIZED PERSON'S SEAL	AUTHORIZED PERSON'S	SSIGNATURE
			OFFICE USE ONLY	
This form satisfies the requirement for proof of service for maintenance of Type 2 and 3 systems. It is required to be completed by an Authorized Person and sent to the CRD to comply with Bylaw No. 3479.				
Homeowners should keep a copy of this form and the Maintenance Report for their records.				
Please send this form to: Onsite Wastewater Program Coordinator Capital Regional District Parks & Environmental Services Department 625 Fisgard Street, PO Box 1000 Victoria, BC V8W 2S6 Email: septic@crd.bc.ca Phone: 250-360-3187 Fax: 250-360-3079				
Co	pies:	white (CRD), yellow (custo	mer), pink (Authorized P	Person)