



PUMP DRAWDOWN TEST REPORT

as authorized by the Building Code Act S.O. 1992 c.23, as amended, s. 18(1)

Where a sewage system design incorporates a pump(s) to move the sanitary sewage, this test report confirms that the installation conforms to the applicable requirements of the Ontario Building Code Part 8 and the treatment unit manufacturer's installation instructions. This report must be submitted prior to the operation of the sewage system.

Building Permit # _____ Date test performed: _____

Municipal address of the sewage system project _____

Pump Model No. _____

The pump(s) has been installed for the following purposes:

- The total length of the distribution pipe exceeds 150 m Yes Not Applicable
- The sewage system does not permit gravity flow to distribution pipes Yes Not Applicable
- It is integral to the operation of an approved *treatment unit* installation Yes Not Applicable
- It is integral to the operation of the shallow buried trench installation Yes Not Applicable
- Other _____ Yes Not Applicable

Septic Tank Systems

Total internal volume of the distribution pipe: _____ (for 3" dia. pipe use, 4.56 x L = litres)

System design daily sanitary sewage flow = _____ L

When tested, the pump(s) discharged _____ litres of effluent per dose within a time period of _____ minutes.

Approved Treatment Units or Shallow Buried Trench Installation

Treatment unit installed: _____

The pump(s) and float(s) have been set to the specifications for the treatment unit, and provide:

Internal tank/compartments size _____ cm X _____ cm

The pump(s) discharges _____ litres of effluent per dose, with a measured _____ cm vertical drop of the effluent level in the tank/compartments, over a measured time period of _____

Other dosing procedures tested and verified:

The undersigned hereby certifies the above information and the installation of the applicable sewage system pump(s) and associated audible and visual warning alarms comply with the requirements of the Ontario Building Code, the building permit documents and the manufacturers' installation instructions.

Name of Licensee Supervising This Project

Signature of Licensee

Supervisor's License No.

Send this form to: The Corporation of the City of Markham,
Building Standards, 101 Town Centre Blvd., Markham, Ontario L3R 9W3 or Fax (905) 415-7501