



NOTE:
THIS DOCUMENT MUST BE FILLED OUT BY
A PROFESSIONAL ENGINEER OR
WASTEWATER PRACTITIONER

RECORD OF SEWERAGE SYSTEM

Filing # (OFFICE USE ONLY)

1. Property Information	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Amendment – Original Filing #				
	Tax Assessment Roll #				
	Legal Description (Plan, Lot, District Lot, Block Numbers)				
	Street (Civic) Address or General Location				
2. Owner Information	Name of Legal Owner		Mailing Address		
	Phone	City	Prov	Postal Code	
	Name of Authorized Person		Mailing Address		
3. Authorized Person Information	Phone	City	Prov	Postal Code	
	Registration #		Email		
	Sewerage System Will Serve: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Other Structure (<i>specify</i>) _____ <input type="checkbox"/> Other Dwelling (<i>specify</i>) _____				
4. Structure Information	The sewerage system is designed for an estimated minimum daily domestic sewage flow of (<i>check one</i>) <input type="checkbox"/> Less than or equal to 9,100 litres <input type="checkbox"/> More than 9,100 litres but less than 22,700 litres				
	Depth of native soil to seasonal high water table or restrictive layer (<i>cm</i>)		Information respecting the type, depth and porosity of the soil is attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Site Information	GPS Location of System (<i>decimal degrees</i>) Latitude _____ Longitude _____		Horizontal Accuracy (<i>m</i>) _____ <input type="checkbox"/> Recreational GPS <input type="checkbox"/> Differential GPS		
	Will the sewerage system be located less than 30 m from a well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a professional's report and specify the intended distance _____ (<i>m</i>) Distance of proposed sewerage system to the closest body of surface water _____ (<i>m</i>)				
6. Drinking Water Protection					
7. System Information	Sewerage treatment method <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3				
8. Legal or Regulatory Considerations	<input type="checkbox"/> Construction of the proposed sewerage system will not conflict with legal instruments registered on the property.		Is this filing submitted as the result of an order from the Health Authority? <input type="checkbox"/> Yes (<i>attach a copy of the order</i>) <input type="checkbox"/> No		
	Plot Plan (to scale) and specifications are attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> The plans and specifications are consistent with Standard Practice Source of Standard Practice: <input type="checkbox"/> Ministry of Health Standard Practice Manual <input type="checkbox"/> Other				
9. Plot Plan and Specifications	Signature		OFFICE USE ONLY Filing Accepted Date _____ Receipt Number _____		
	Date				