



Please complete this entire form. If the form is incomplete, the filing may not be accepted and it will be returned to the Authorized Person.

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|--|--|---|---|
| | <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION | <input type="checkbox"/> REPAIR <input type="checkbox"/> AMENDMENT/UPDATE ONLY | <input type="checkbox"/> ORDER ATTACHED |
| 1. LOT INFORMATION <small>Where sewerage system is to be constructed</small> | TAX ASSESSMENT ROLL# | | |
| | LEGAL DESCRIPTION | | |
| 2. OWNER INFORMATION | NAME OF LEGAL OWNER OR STRATA CORPORATION | | MAILING ADDRESS (PO BOX #, SUITE #, STREET #, STREET NAME) |
| | CITY | PROVINCE | POSTAL CODE TELEPHONE NUMBER |
| 3. AUTHORIZED PERSON INFORMATION | NAME OF AUTHORIZED PERSON | | MAILING ADDRESS (PO BOX #, SUITE #, STREET #, STREET NAME) |
| | CITY | PROVINCE | POSTAL CODE TELEPHONE NUMBER REGISTRATION NUMBER |
| 4. FACILITY INFORMATION | SEWERAGE SYSTEM WILL SERVE: <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER (SPECIFY): | NO. OF BEDROOMS | EST. DAILY SEWAGE FLOW (l/day) |
| | | | TOTAL LIVING AREA (m ²) INCL. FINISHED BSMT |
| 5. SITE INFORMATION | DISTANCE OF PROPOSED DISCHARGE AREA FROM (IN METRES): _____ WATER LINES _____ STREAM OR LAKE _____ BREAKOUT POINT _____ NEIGHBOURING WELLS _____ OWN WELL _____ DOMESTIC WATER | | DEPTH OF EXISTING FILL IN THE DISCHARGE AREA (cm) |
| | | | TOTAL DEPTH TO HIGHEST WATER TABLE OR RESTRICTIVE LAYER (cm) |
| | | | <input type="checkbox"/> SOIL TEXTURE AND STRUCTURE INFO ATTACHED <input type="checkbox"/> PERMEAMETER AND/OR PERCOLATION RATES ATTACHED |
| | | | SLOPE (%) |
| DISCHARGE AREA WILL BE <30m TO ANY SOURCE OF DRINKING WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ARE THERE ANY RESTRICTIVE COVENANTS/EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SEWERAGE SYSTEM? IF YES, PLEASE EXPLAIN AND ATTACH SUPPORTING DOCUMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 6. SYSTEM INFORMATION | VERTICAL SEPARATION BETWEEN BOTTOM OF DISCHARGE AREA TO HIGHEST WATER TABLE OR RESTRICTIVE LAYER (cm) | TOTAL FINISHED DEPTH TO HIGHEST WATER TABLE OR RESTRICTIVE LAYER (cm) | TREATMENT METHOD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| | SEPTIC TANK MANUFACTURER | MATERIAL OF SEPTIC TANK | LIQUID VOLUME OF TANK(S)(litres) |
| | | | EFFLUENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | DISCHARGE AREA <input type="checkbox"/> BED <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER (SPECIFY): <input type="checkbox"/> SAND MOUND <input type="checkbox"/> LAGOON: SIZE (m ²) _____ | METHOD OF EFFLUENT DIST <input type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> OTHER | TREATMENT CAPACITY (l/day) |
| 7. PLANS AND SPECIFICATIONS | <input type="checkbox"/> PLOT PLAN (TO SCALE) AND SPECIFICATIONS ARE ATTACHED, AS PER THE STANDARD PRACTICE MANUAL. | | |
| 8. FREEDOM OF INFORMATION | This form is required to administer the <i>Sewerage System Regulation (326/2004)</i> and the collection of personal information complies with the <i>Freedom of Information and Protection of Privacy Act</i> . If you have any questions about the collection or use of this information, please contact your local Health Protection Office. | | |
| 9. AUTHORIZED PERSON'S SIGNATURE AND SEAL | The information on this form is accurate and true to the best of my knowledge. I am an Authorized Person according to <i>Sewerage System Regulation BC Reg 326/2004</i> . The plans and specifications attached to this form are consistent with standard practice and will not contribute to a health hazard. | | |
| | <input type="checkbox"/> I have consulted with the Ministry of Health's publication "Sewerage System Standard Practice Manual". <input type="checkbox"/> I have consulted with another source of standard practice - copy attached, or listed here: | | |
| | AUTHORIZED PERSON'S SEAL | OFFICE USE ONLY | |
| | | RECEIPT NUMBER | DATE ACCEPTED FOR FILING |
| | | DATE FORM RECEIVED | |
| | DATE: | FILING NUMBER | |

PROOF