

Ministry of Health Planning POPULATION HEALTH AND WELLNESS

SEWAGE DISPOSAL SYSTEM APPLICATION

REJECTION REPORT

FOLIO NUMBER	DATE OF APPLICATION (Y/M/D)				
OWNER NAME			PUBLIC HEALTH INSPECTOR / EHO NAME		ME
STREET ADDRESS					
LEGAL DESCRIPTION					
SIZE OF LOT			ESTIMATED DAILY SEWAGE FLOW		
ENGINEERS DESIGN SUBMITTED NAME OF ENGINEER (if yes)				REVIEWED B	Y P.H.E
☐ No ☐ Yes				☐ Yes	□ No
REASON FOR REJECTION	·				
☐ Seasonal high	n water table Depth				
☐ Subject to floo	oding				
☐ Impervious soil Perc rate					
☐ Insufficient de	epth of porous soil Depth				
			Distance From		
☐ Cannot meet setback requirements to:		☐ body of water		-	
		□ wells		-	
		☐ property lines		-	
		☐ breakout area		-	
		dother		-	
Excessive slo	pe Slope %	_			
☐ Lot area insufficient for size of system proposed					
Proposed metho	d of disposal				
☐ OTHER REASONS AND COMMENTS			DATE OF REJE	ECTION:	
		PUBLIC HEALTH INSPECTOR / EHO	SIGNATURE	DATE	