

APPLICATION FOR APPROVAL

OFFICE USE ONLY		Application #
Date Rec'd (yyyy/mm/dd)	Ext. Ref. #	NSEL File #
Total Fees Due	Fees Paid	Paid in Full Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt #	Water Auth. # (Div. 1 only)	

Nova Scotia Environment and Labour will only collect, use, and disclose personal information in keeping with the privacy provisions of the *Nova Scotia Freedom of Information & Protection of Privacy Act (FOIPOP)*.

PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 and the Submission Standard that are applicable to the specific activities of this application only.

Type of Application:			
New Application <input type="checkbox"/>	Renewal <input type="checkbox"/>	Amendment <input type="checkbox"/>	Transfer <input type="checkbox"/>
If applicable, provide the previous Approval # _____			

SECTION 1 - OWNER

If there is more than one owner, please indicate who will be the primary applicant for this project and attach a complete list of owners.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 - Owner? Yes No If yes, please skip to Section 3.

Company/Organization/Municipality			
Business Number (BN) <i>if applicable</i>			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at the Nova Scotia Department of Housing & Municipal Affairs.
 1:50,000 Topo Maps (identifying Easting and Northing) are available at Nova Scotia Environment and Labour.

Subdivision Name	
Lot #	
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference Easting (6)	Northing (7)

SECTION 4 - ACTIVITY

Proposed Activity - Please check (✓) all that apply.	
<u>Activity</u>	<u>Complete Sections</u>
On-site Sewage Disposal System <input type="checkbox"/>	4, 5A, 6, 7 and Submission Standard
Subdivision Proposal Report <input type="checkbox"/>	4, 5B, 6, 7 and Submission Standard

SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide measurements in the metric units indicated.

5A - Complete for all Individual Lot On-site Sewage only					
Sewage Disposal System	New <input type="checkbox"/>	Replacement <input type="checkbox"/>	Repair <input type="checkbox"/>	Modification <input type="checkbox"/>	Upgrade <input type="checkbox"/>
Malfunction Replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Disposal Field Layout:					
C1 Contour <input type="checkbox"/>	C1 Raised Mound <input type="checkbox"/>	C2 Contour <input type="checkbox"/>	C2 Raised <input type="checkbox"/>		
C3 Contour <input type="checkbox"/>	At Grade <input type="checkbox"/>	Holding Tank <input type="checkbox"/>	Sloping Sand Filter <input type="checkbox"/>		
Area Bed <input type="checkbox"/>	At Grade <input type="checkbox"/>	Partially Trenched <input type="checkbox"/>	Fully Trenched <input type="checkbox"/>		
Multiple Trench <input type="checkbox"/>	Other <input type="checkbox"/>	Partially Trenched <input type="checkbox"/>	Fully Trenched <input type="checkbox"/>		
Peat System <input type="checkbox"/>	If other, please specify:				
Type of Development:					
Residential: Single Family <input type="checkbox"/>	Residential: Multiple Unit <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>		
Institutional <input type="checkbox"/>	Other <input type="checkbox"/>	If other, please specify:			
Design Capacity (litres/day) _____					
Assessment Report completed by: QP1 <input type="checkbox"/> QP2 <input type="checkbox"/> Department <input type="checkbox"/>					
Name of Qualified Person: _____			Certificate # _____	APENS # _____	
Variation Requested Yes <input type="checkbox"/> No <input type="checkbox"/>					

5B - Request for Written Response for a Subdivision Proposal (Response only - no Approval issued)
Proposed Number of Lots: _____

SECTION 6 - SUPPORTING DOCUMENTATION TO ATTACH

All supporting documentation is to be submitted in accordance with the "Approvals Procedures Regulations." If applicable, the following documents must be submitted with this Application; however, additional information may be requested.

Note: A legend must be supplied for all mapping describing symbols used, scale and north orientation.

Attach for <i>All</i> applications	
	Copy of the property deed, lease or letter proving the applicant's legal right to conduct the activity on the site
	Submission Checklist
	Copy of subdivision, surveyor's or plot plan
	Qualified Person's Assessment Reports

If information submitted is incomplete, or if supporting documentation is of poor quality (plans, maps, etc.), the application may be delayed, returned or rejected.

SECTION 7 - DECLARATION

Correspondence is to be returned to:	Owner	<input type="checkbox"/>	OR	Application Contact	<input type="checkbox"/>
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Owner's Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	

OWNER'S AUTHORIZATION (If Correspondence Is to Be Returned to Application Contact)

If you are acting on behalf of the owner, you must:

1. Have the **Owner** sign above or
Attach a letter of authorization from the **Owner** identified on Page 1, Section 1, of this application.
2. Identify yourself as the **Application Contact** on Page 1, Section 2, of this application.
3. Sign the declaration below.

I certify that I am acting with the owner's full consent.

Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	

SUBMISSION STANDARD

All applications must comply with the Act, Regulations, Guidelines and any policies within the Department. A completed copy of this form must accompany each application.

APPLICANTS NAME: _____ APPLICATION #: _____

SUBDIVISION NAME: _____ LOT NUMBER: _____

SOIL EVALUATION TESTS							
TEST PIT PROFILE (M)			Evaluation Date: _____				
TOTAL DEPTH:		m	SOIL STRATUM	SOIL TYPE	DEPTH OF SOIL (mm)	DENSITY	MOISTURE
BEDROCK AT:		m	ORGANIC	organic mat			
WATER TABLE:		m	1 st layer				
SLOPE:		%	2 nd layer				
ROOTS TO:		m	3 rd layer				
MOTTLING AT:		m	4 th layer				

Permeability of soil in-situ:		m - meter 1 meter = 1000 mm
Flow rate:		mm - millimeter (1 mm = 0.001 meter)
Test method:		All measurements should be calculated from the top of the test pit.

SYSTEM SELECTION CRITERIA				
Daily flow	Permeable soil type	Depth of permeable soil	Slope	Soil permeability (In-situ test)
litres/day: _____		mm: _____	%: _____	m/s: _____

SYSTEM SELECTION FROM TECHNICAL GUIDELINES			
Type of Disposal Field:		Imported sand fill required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Distribution Trench Dimensions:	Length: _____ m Width: _____ m	Permeability Rate	_____ m/sec
Cut at Toe of Trench:	_____ mm	Width of Buffer - downslope - upslope	_____ m _____ m
Interceptor Trench Liner:	<input type="checkbox"/> YES <input type="checkbox"/> NO depth: _____ mm <input type="checkbox"/> YES <input type="checkbox"/> NO thickness: _____	Depth of Buffer (at 5 m from trench)	_____ mm
Pump or Siphon Capacity Watertight Testing:	_____ litres <input type="checkbox"/> YES <input type="checkbox"/> NO	Septic Tank Capacity Watertight Testing:	_____ litres <input type="checkbox"/> YES <input type="checkbox"/> NO

Actual Clearance Distances**								
From Nearest	To System	To Tanks*	From Nearest	To System	To Tanks*	From Nearest	To System	To Tanks*
Lot Boundary	m	m	Cistern	m	m	Water Distribution	m	m
Downslope Boundary	m	m	Watercourse	m	m	Foundation Drain	m	m
Drilled Well	m	m	Wetland	m	m	Other	m	m
Dug Well	m	m	Intermittent Drain	m	m	Other	m	m

* The shortest distance from any of the following: septic tank, pump or siphon chamber and effluent pipe

** Enter actual distance, or N/A or > 60 meters

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SITE EVALUATION OF LOT/ PROPOSED SYSTEM

Sketch of lot, showing location of soil evaluation test pits, direction of slope, watercourse and other features that may influence the selection or design of the system on the lot or **within 60 meters of any part of the proposed system** including a sketch of proposed On-site Sewage Disposal System Selection/Design*. **The test pit and proposed system location is shown in reference to two fixed points on the property and is within 6 meters plus or minus of the system location. The placement of the system must at all times meet the minimum clearance distances in the regulations unless a variance is specified in the terms and conditions of the Approval.** If this application is for the replacement of a malfunctioning system; show the location of the existing system.

* Cross sectional diagrams of proposal to be attached to this form for submission.

DATE: _____

QUALIFIED PERSON: _____
(SIGNATURE)

CERTIFICATE OF QUALIFICATION/APENS #: _____

(PRINT NAME)