

				Filing # (Office Use Only)		
1. Property Information	<input type="checkbox"/> New Construction		<input type="checkbox"/> Alteration		<input type="checkbox"/> Repair	<input type="checkbox"/> Amendment/Update – Original Filing #
	Tax Assessment Roll #				PID #	
	Legal Description (Plan, Lot, District Lot, Block Numbers)					
Street (Civic) Address or General Location					City	
2. Owner Information	Name of Legal Owner				Mailing Address	
	Phone		City		Province	Postal Code
3. Authorized Person Information	Name of Authorized Person		Registration #		Mailing Address	
	Phone	Email	City	Province	Postal Code	
4. Structure Information	Sewerage System will serve: <input type="checkbox"/> Single Family Dwelling (with or without suite) <input type="checkbox"/> Other Structure (Specify) <input type="checkbox"/> Other Dwelling (Specify)					
	The Sewerage System is designed for an estimated minimum daily domestic sewage flow of (check one): <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					
5. Site Information	Depth of native soil to seasonal high water table or restrictive layer (cm)			Information respecting the type, depth and porosity of the soil is attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
	GPS Location of System (Decimal Degrees)		Latitude _____	Longitude _____		
	Horizontal Accuracy (m) _____		<input type="checkbox"/> Recreational GPS	<input type="checkbox"/> Differential GPS		
6. Drinking Water Protection	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 _____ (m)					
	Distance of proposed sewerage system to the closest body of surface water _____ (m)					
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 (attach a copy of the Order) <input type="checkbox"/> No		
	9. Plot Plan and Specifications					
<input type="checkbox"/> Plot Plan (to scale) and specifications are attached <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						
10. Authorized Person's Signature	Signature				OFFICE USE ONLY	
	Date				Filing Accepted Date (dd/mm/yyyy)	
				Receipt #		

