



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.

	<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 Where sewerage system is to be constructed	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
3. AUTHORIZED PERSON INFORMATION	NAME OF AUTHORIZED PERSON		MAILING ADDRESS (PO BOX #, SUITE #, STREET #, STREET NAME)
	CITY	PROVINCE	POSTAL CODE
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	LOT SIZE (ha)
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)
			IF TYPE 2 OR 3 IS PROPOSED, GIVE: MAKE: MODEL:
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	EFFLUENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
LOADING RATE (l/day/m ²)			
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