

Office use only → Filing #:

1. Property information	<input type="checkbox"/> New construction		<input type="checkbox"/> Alteration		<input type="checkbox"/> Repair		<input type="checkbox"/> Amendment - Original filing #			
	Tax assessment roll number (If roll number not applicable, please include Land Use Permit number/License number)						PID #			
	Legal land description (plan, lot, district lot, block, range, section, township)									
	Street (civic) address or general location						City/postal code			
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					Number of bedrooms	Total living area (m ²) including finished basement		Lot size (ha)	
	<input type="checkbox"/> Single family dwelling <input type="checkbox"/> Other structure (specify) <input type="checkbox"/> Other dwelling (specify)									
The design daily domestic sewage flow is (check one): <input type="checkbox"/> Less than or equal to 9100 litres <input type="checkbox"/> More than 9100 litres but less than 22700 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 closest 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	Are there any restrictive covenants/easements which will affect the design or location of the sewerage system? <input type="checkbox"/> Yes <input type="checkbox"/> No						Is this filing submitted as a result of an order from the Health Authority?			
	If yes, please explain and attach supporting documents.						<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 current 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				Seal			Office use only Receipt number: _____		
	Date									

Admin to copy completed form and distribute as follows:

- Original: NH file
- Copies: Building authority, owner, and authorized person