

For Camps under one year duration and generating under 22700 liters per day only. Longer duration camps use the RECORD OF SEWERAGE SYSTEM form. Please complete this entire form and submit with application fee payable to Northern Health

<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> AMENDMENT <input type="checkbox"/> ALTERATION		CAMP NAME	CAMP DURATION	NUMBER OF PERSONS
SYSTEM OWNER		CONTACT		PHONE NUMBER
MAILING ADDRESS		CITY/PROV		POSTAL CODE
LEGAL DESCRIPTION OF PROPERTY: (LOT, BLOCK, PLAN, SEC., TWP., RGE, DL,)				MAP OR GPS COORDINATES: NAD83 LAT: _____ LONG: _____
WRITTEN DRIVING DIRECTIONS				
NAME OF PROPERTY LEASEE or OWNER:			PHONE NUMBER:	
MAILING ADDRESS:			CITY/PROV	
MAILING ADDRESS:			POSTAL CODE	
SEWAGE SYSTEM TO SERVE:		LEASE / LOT SIZE (in hectares)	EST. DAILY SEWAGE FLOW (litres/day)	LOADING RATE LITRES/DAY/M2
<input type="checkbox"/> RESIDENTIAL CAMP <input type="checkbox"/> DRILL SITE <input type="checkbox"/> OTHER: (Specify)				
DISTANCE OF PROPOSED DISCHARGE AREA FROM (in metres, under 100m exact distance required)				DEPTH TO HIGHEST SEASONAL WATER TABLE (in centimeters)
_____ POTABLE WATER SOURCE _____ NEIGHBOURING WELL _____ OWN WELL _____ STREAM OR LAKE _____ WATER LINE _____ BREAK OUT POINT				
TYPE OF SEWAGE SYSTEM:		TREATMENT PLANT / TANK MANUFACTURER	TANK/PLANT RENTAL NUMBER (if applicable)	TREATMENT PLANT/TANK CAPACITY (LITRES/DAY)
<input type="checkbox"/> TYPE 1 (SEPTIC TANK): _____ <input type="checkbox"/> TYPE 2 OR <input type="checkbox"/> TYPE 3 (PACKAGE TREATMENT PLANTS) <input type="checkbox"/> PIT PRIVY* <input type="checkbox"/> HOLDING TANK (*fee exempt)				
TYPE OF DISCHARGE:		METHOD OF EFFLUENT DISTRIBUTION		EFFLUENT PUMP
<input type="checkbox"/> TRENCH <input type="checkbox"/> AT GRADE <input type="checkbox"/> LAGOON <input type="checkbox"/> EFFLUENT HAULED TO APPROVED SOURCE <input type="checkbox"/> OTHER _____		<input type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> OTHER _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
LENGTH OF DISPOSAL FIELD (METRES)				
ATTACHMENTS:		By signing this, you confirm that all installation and related work is undertaken according to the submitted schematics.		
<input type="checkbox"/> PERMIT FEE \$200 (\$400 for Holding Tanks) <input type="checkbox"/> DETAILED SCHEMATIC OF CAMP LAYOUT <input type="checkbox"/> MAINTENANCE PLAN FOR THE SYSTEM ON FILE <input type="checkbox"/> <input type="checkbox"/> DETAILED SCHEMATIC OF SYSTEM ON FILE <input type="checkbox"/>		APPLICANT NAME (Please Print):		PHONE NUMBER
		MAILING ADDRESS		
AUTHORIZED PERSON'S SEAL		APPLICANT SIGNATURE		DATE (DD/MM/YYYY)
		ENVIRONMENTAL HEALTH OFFICER SIGNATURE		
OFFICE USE ONLY				
APPLICATION RECEIVED DATE: (DD/MM/YYYY):				
RECEIPT NUMBER:				
INITIALS:				

DO NOT USE