



FILING OF SEWERAGE SYSTEM

This form is required to administer the *Sewerage System Regulation (326/2004)* and the collection of personal information complies with the *Freedom of Information and Protection of Privacy Act*.

1. Lot Information
Descriptions where sewerage system is to be constructed

2. Owner Information
Mailing Address of Property Owner

3. Authorized Person Information
Mailing Address of Authorized Person

4. Facility Information

5. Site Information

6. System Information

7. Restrictive Covenants/

8. Plans and Specifications/ Orders

9. Authorized Person's Signature and Assurance Statement

10. Authorized Person's Seal

	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR	<input type="checkbox"/> AMENDMENT ONLY/ PREVIOUS FILING NUMBER	FILING NUMBER
LEGAL DESCRIPTION OF PROPERTY		GPS LOCATION OF SYSTEM Use Datum NAD83 PLEASE USE DECIMAL DEGREES LAT. _____ LONG. _____	
SUITE/APT NUMBER	BUILDING NUMBER	STREET NAME	CITY/MUNICIPALITY/AREA
		HORIZONTAL ACCURACY (M) _____	
COLLECTION METHOD: RECREATIONAL GPS <input type="checkbox"/> DIFFERENTIAL GPS <input type="checkbox"/>			
NAME OF LEGAL OWNER OR STRATA CORPORATION			TELEPHONE NUMBER
SUITE/APT NUMBER	BUILDING NUMBER	STREET NAME	CITY
			POSTAL CODE
NAME OF AUTHORIZED PERSON			TELEPHONE NUMBER
			REGISTRATION NUMBER (if applicable)
SUITE/APT NUMBER	BUILDING NUMBER	STREET NAME	CITY
			POSTAL CODE
SEWERAGE SYSTEM WILL SERVE:		NO. OF BEDROOMS	TOTAL LIVING AREA (INCL. FINISHED BASEMENT) ((in m2)
<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX			EST. DAILY SEWERAGE FLOW (in litres/day)
<input type="checkbox"/> OTHER (specify)			LOT SIZE (in hectares)
WILL BE CONNECTED TO A COMMUNITY WATER SYSTEM?		HYDRAULIC CONDUCTIVITY (K)(CM/DAY)	AVG. PERC RATE (MIN/IN)
<input type="checkbox"/> YES <input type="checkbox"/> NO SYSTEM NAME			SOIL TEXTURE / DESCRIPTION
DISTANCE OF PROPOSED DISCHARGE AREA FROM (in metres):			NATURAL SOIL VERTICAL SEPARATION (in cms)
_____ WATER LINES _____ OWN WELL _____ NEIGHBOURING WELLS			
_____ BREAKOUT POINT _____ STREAM OR LAKE _____ DOMESTIC WATER SOURCES			
TOTAL VERTICAL SEPARATION(incms)	TYPE OF SEWERAGE SYSTEM	IF TYPE 2 OR TYPE 3 IS PROPOSED GIVE:	
	<input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2	MAKE	MODEL
	<input type="checkbox"/> TYPE 3 (PROF. ONLY)		
SEPTIC TANK MANUFACTURER	SEPTIC TANK MATERIAL	VOLUME OF TANK (litres)	EFFLUENT PUMP
			<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCHARGE AREA:		METHOD OF EFFLUENT DISTRIBUTION	
<input type="checkbox"/> TRENCH <input type="checkbox"/> BED		<input type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE	
<input type="checkbox"/> SAND MOUND <input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> OTHER	
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			
<i>If yes, please explain and attach supporting documents.</i>			
Attachments: <input checked="" type="checkbox"/> a site or layout plan of the proposal drawn to scale, and <input checked="" type="checkbox"/> a set of specifications of the sewerage system. <input type="checkbox"/> a copy of the Health Act Order pertaining to the sewerage system.			
<input type="checkbox"/> YES I have consulted with the MOHS' publication "Sewerage System Standard Practice Manual"			
<input type="checkbox"/> NO I have used another source of standard practice listed below or copy attached. Name of alternate source of standard practice:			
The information on this form is accurate and true to the best of my knowledge. I am an authorized person according to Sewerage System Regulation BC Reg 326/2004. The plans and specifications attached to this form are consistent with standard practice.			
SIGNATURE		PLEASE PRINT NAME	DATE (DD/MMM/YYYY)
Please complete all applicable fields on this form. If the form is incomplete, the filing may not be accepted and it will be returned to the Authorized Person. Construction of the sewerage system may not start until filing has been accepted by the Health Authority. The Letter of Certification must be submitted within one year of the Filing Accepted Date noted below. The Authorized Person must also file the Letter of Certification, the Maintenance Plan and the as-built plans as per <i>Sewerage System Regulation (326/2004)</i> within 30 days of completing the construction of the sewerage system.			
AUTHORIZED PERSON'S SEAL		OFFICE USE ONLY	
		FILING RECEIVED DATE (DD/MMM/YYYY)	HEALTH AUTHORITY STAMP WITH FILING ACCEPTED DATE
		RECEIPT #:	
		DATE: _____	INITIALS: _____