

Sewage Permit Application

Application #: _____

Receipt Number: _____ Amount Paid: _____ Date: _____

Section 1: Owner - Applicant Information

First Name:	Last Name:
Phone:	Email:
Mailing Address:	
City/Town/Municipality:	Postal Code:
Site Location - Legal description of property including PIN:	
Directions to Property:	
Municipality/Town/Township:	In the District of: <input type="checkbox"/> Kenora <input type="checkbox"/> Rainy River

Declaration of Homeowner: The information contained in this application, plans, specifications, and other attached documentation, is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. The proposed construction will not contravene any applicable law as outlined in 1.4.1.3. of Division A of the Building Code. Registration Number(s) for Tarion New Home Warranty are included (if applicable). The Contractor/Installer will be acting with Owner's full consent.

Signature of Applicant:_____
Date:

Section 2: Installer Information

First Name:	Last Name:	
BCIN:	Phone:	Email:
Company Name:	Company BCIN:	
Mailing Address:	City/Town/Municipality:	
Postal Code	Fax:	

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information contact the health unit at 800-830-5978 or see the privacy statement on our web-site at www.nwhu.on.ca.

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Section 3: Sewage System Information

Purpose of Application: New Construction Alteration/Repair Amendment Transfer

Dwelling Information

Number of bedrooms: _____ Residential Area: _____ (m²) _____ Fixture Units of Plumbing: _____
 Walk Out Basement? Yes No

Greywater Design Flow (Q)	(L/day)	Septic tank volume proposed	(L)
Cesspool Design Flow (Q)	(L/day)	Trench length proposed	(m)
Greywater/Cesspool sidewall area	(m ²)	Filter bed effective size	(m ²)
Greywater/Cesspool trench length proposed	(m)	Filter bed extended area	(m ²)
Tertiary System Design Drawing attached?	<input type="checkbox"/> Y <input type="checkbox"/> N	Trench or filter bed mantle area	(m ²)
Septic System Design Flow (Q)	(L)	Holding tank proposed volume	(L)

Include lab report for design sand/soil (dated within 24 months)

Soils Information	Perc. Rate (T)	Test Pit Information Required	Pit 1	Pit 2
Design Soil T _D		Depth to groundwater		
Mantle Soil T _M		Seasonal high groundwater		
Native Material T _N		Depth to bedrock		

System Profile

Pump systems require permit from the Electrical Safety Authority 1-877-372-7233

Septic Tank: Gravity Pump Is a deep burial tank proposed? Yes No

Is the effluent filter accessible? Yes No

Is the use of a BMEC Authorization proposed? Yes No Product Name: _____
Attach copy No

Water Supply Is: Dug Well Drilled Well Surface Water Hauled; and Existing or Proposed

Water Treatment: None Existing Proposed

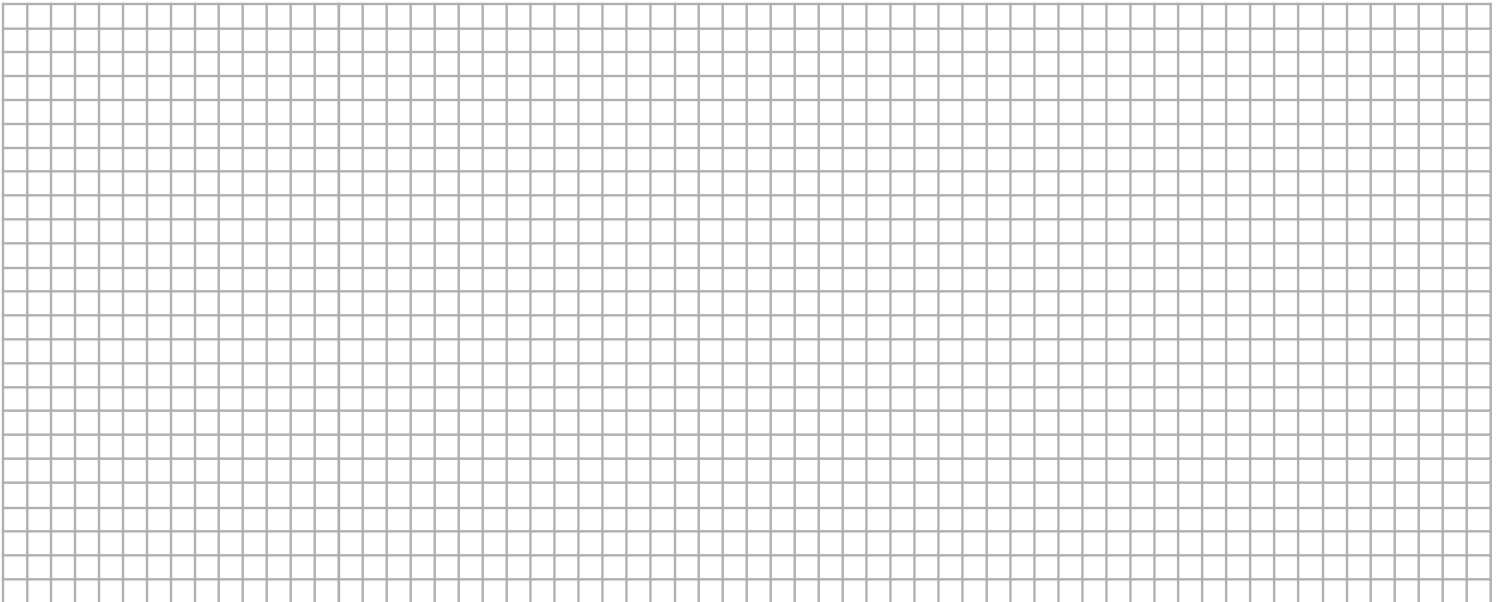
Water treatment backwash not permitted in septic systems

Section 4: Lot Diagram

Drawing 1 - Absorption Trench Proposal or Drawing 2 - Filter Bed Proposal from Worksheets must also be attached to permit applications for Class 4 systems.

Drawings must be close to scale and accurately show the entire property with lot size and dimensions including existing or proposed buildings, wells, travelled roadways, test pits and any existing sewage systems. All important topographical information including: watercourses; lakes; steep embankments; and bedrock outcroppings. Location of the proposed sewage system components on the property, clearance distance between the system and all site features noted above. Include neighbouring wells, if known.

Tank Manufacturer: _____ Tank Model: _____



* This plan represents approved design. Any changes must be approved by the Northwestern Health Unit.

For Office Use Only:

Permit issuance constitutes permission to construct up to substantial completion.

Additional Requirements:

Permit Issued: _____

Signature of Chief Building Official

Date: _____