

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	POSTAL CODE
SEWAGE SYSTEM TO SERVE: <input type="checkbox"/> RESIDENTIAL CAMP <input type="checkbox"/> DRILL SITE <input type="checkbox"/> OTHER: (Specify)	LEASE / LOT SIZE (in hectares)	EST. DAILY SEWAGE FLOW: (litres/day)	LOADING RATE LITRES/DAY/M2
DISTANCE OF PROPOSED DISCHARGE AREA FROM: (in meters, if under 100m exact distance required) _____ POTABLE WATER SOURCE _____ NEIGHBOURING WELL _____ OWN WELL _____ STREAM OR LAKE _____ WATER LINE _____ BREAK OUT POINT			DEPTH TO HIGHEST SEASONAL WATER TABLE (in centimeters)
TYPE OF SEWAGE SYSTEM: <input type="checkbox"/> TYPE 1 (SEPTIC TANK): CSA# _____ <input type="checkbox"/> TYPE 2 OR <input type="checkbox"/> TYPE 3 (PACKAGE TREATMENT PLANTS) <input type="checkbox"/> PIT PRIVY* <input type="checkbox"/> HOLDING TANK <small>(*fee exempt)</small>		TREATMENT PLANT / TANK MANUFACTURER	TANK/PLANT RENTAL NUMBER (if applicable)
TYPE OF DISCHARGE: <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 _____		METHOD OF EFFLUENT DISTRIBUTION <input type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> OTHER	EFFLUENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
ATTACHMENTS: <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 or ON FILE <input type="checkbox"/> <input type="checkbox"/> DETAILED SCHEMATIC OF SYSTEM or ON FILE <input type="checkbox"/>		By signing this, you confirm that all installation and related work is undertaken according to the submitted schematics.	
		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:			