

Tax assessment roll #		<input type="checkbox"/> New construction <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Temporary		Is this application a result of an Order under the Public Health Act?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Lot information (where the holding tank will be installed)	Plan number/lot/district/block/range/section/township				
	Street address/city/postal code/general location				
2. Owner	Name of legal owner or strata corporation		Mailing address (PO box, suite, house #, street)		
	City/province/postal code			Phone number	
3. Applicant (if different from owner)	Name of applicant		Mailing address (PO box, suite, house #, street)		
	City/province/postal code			Phone number	
4. Facility	<input type="checkbox"/> Commercial/industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other (specify below)		Estimated daily sewage flow (litres)	Lot size (hectares)	
5. Site information	Building is served by: <input type="checkbox"/> Community water system <input type="checkbox"/> Private well <input type="checkbox"/> Private surface supply Depth to highest seasonal watertable (cm)		Distance of holding tank (meters) Water line: _____ Neighboring wells: _____ Own well: _____ Surface water: _____		
	Are there any restrictive covenants/easements which will affect the design and location of the holding tank? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and attach supporting documents.				
	6. System information		Holding tank manufacturer	Tank material	Tank volume (litres)
		Is tank CSA approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			Top of tank: _____ Bottom of tank: _____
7. Plans and specifications	Please attach: <input type="checkbox"/> Site plan (drawn to scale) <input type="checkbox"/> Set of construction grade plans and technical specifications for the holding tank <input type="checkbox"/> Pump and haul contract <input type="checkbox"/> Local bylaw (if applicable) <input type="checkbox"/> Public Health Act Order (if applicable) <input type="checkbox"/> Alarm setting details <input type="checkbox"/> Proposed maintenance plan <input type="checkbox"/> Applicable permit fees				
8. Freedom of information	This Holding Tank Application 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. If you have any questions about the collection or use of this information, please contact your local Health Protection Office.				
9. Signature of owner/applicant	The information on this application is true to the best of my knowledge.			Office use only	
	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant				
	Print name				
Date (YYYY-MM-DD)			Permit fee:		
			Receipt:		
			Initials:		
			Date:		