

Holding Tank Record of Installation

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the northern way of caring

Folio #	lio # Date (YYYY-MM-DD): Legal land description (plan, lot, district lot, block, range, section, town				
Please be advised that the installation of the sewage holding tank on the above described property was completed on (YYYY-MM-DD):					
Permit # (from corresponding Permit to Construct):					

I, the undersigned, certify that:

- 1. The owner has been provided with:
 - · A copy of the sewage holding tank plans and specifications as it was built
 - · A maintenance plan for the holding tank as submitted to the Health Authority
 - A copy of this Record of Installation
- 2. The holding tank has been constructed substantially in accordance with the plans and specifications submitted to the Health Authority.
- 3. Testing has been performed on the holding tank to confirm that it is water tight.
- 4. If operated and maintained as set out in the maintenance plan, the holding tank will not cause or contribute to a health hazard.

Name (please print):	Signature:	Office use only	Office use only	
		Record of installation	Health authority	
Professional seal (if applicable):		received date (YYYY-MM-DD):	stamp with record of installation accepted date	
			Initials:	
		Initials:	Time:	
		Clear Fo	orm Print	

