

Filing #	Folio or PID #	Date (YYYY-MM-DD)
Street (civic) address		
Legal land description (plan, lot, district lot, block, range, section, township)		
Date the construction of the proposed sewerage system on the above property was completed on (YYYY-MM-DD):		

This system was installed:

<input type="checkbox"/> By or under the supervision* of a professional	Name	Registration #
<input type="checkbox"/> By a registered on-site wastewater practitioner (ROWP) installer	Name	Registration #
<input type="checkbox"/> By the property owner under the supervision* of an authorized person	Name	Registration #

I am an 'authorized person' as defined in the Sewerage System Regulation BC Reg. 326/2004.

The signature and seal of the undersigned certifies that:

1. The owner has been provided with:
 - A copy of the sewerage system plans and specifications as filed with the Health Authority
 - A maintenance plan for the sewerage system that is consistent with standard practice
 - A copy of this Letter of Certification as filed with the Health Authority
2. The sewerage system has been constructed in accordance with standard practice as indicated in the sewerage system filing form filed on (YYYY-MM-DD):
Date: _____
3. The sewerage system has been constructed substantially in accordance with the plans and specifications filed with the Health Authority
4. The estimated daily domestic sewage flow through the sewerage system will be less than 22,700 litres.
5. If operated and maintained as set out in the maintenance plan, the sewerage system will not cause or contribute to a health hazard.

*Where the authorized person is a professional, 'supervision' means conducting field reviews of the construction of the above system that the professional in his or her professional discretion considers necessary to ascertain whether the construction substantially complies with the plans and specifications filed with the Health Authority.

Appended to this document is a plan of the sewerage system as it was built and a copy of the maintenance plan.

Name (please print)	Signature	Health Authority use only

