First Nations Health Authority
Health through wellness

RECORD OF SEWERAGE SYSTEM

☐ NEW CONSTRUCTION
☐ ALTERATION
☐ REPAIR
☐ LEASED

First Nation | Year | GPS LOCATION (DECIMAL DEGREES) NAD 83 LATITUDE 49 ._____ DEG. LONGITUDE ____ . _____ DEG.

1. Lot Information
Civic Address of where sewerage system is to be constructed

SUITE/ APT NUMBER | BUILDING NUMBER | STREET NAME | CITY | POSTAL CODE

FULL LEGAL DESCRIPTION OF PROPERTY IF NO CIVIC ADDRESS AVAILABLE

2. Owner Information
Mailing Address of Property Owner

NAME OF LEGAL OWNER | TELEPHONE NUMBER

SUITE/ APT NUMBER | BUILDING NUMBER | STREET NAME | CITY | POSTAL CODE

3. Authorized Person Information
Mailing Address of Authorized Person

NAME OF AUTHORIZED PERSON (UNDER BC Reg. 326/2004) | TELEPHONE NUMBER | REGISTRATION NUMBER *(if applicable)*

SUITE/ APT NUMBER | BUILDING NUMBER | STREET NAME | CITY | POSTAL CODE

4. Facility Information

SEWERAGE SYSTEM WILL SERVE:
☐ SINGLE FAMILY DWELLING ☐ DUPLEX
☐ OTHER (*SPECIFY*)_____

NO. OF BEDROOMS | TOTAL LIVING AREA (INCL. FINISHED BASEMENT) (in m") | EST. DAILY SEWERAGE FLOW (in litres/day) | LOT SIZE (in hectares)

5. Site Information

WILL FACILITY BE CONNECTED TO A COMMUNITY WATER SYSTEM?
☐ YES ☐ NO

SLOPE IN DISCHARGE AREA _____%

HYDRAULIC CONDUCTIVITY (K) (in cm/day) | AVG. PERC RATE (in min/inch) | SOIL TEXTURE DESCRIPTION

DISTANCE OF PROPOSED DISPERSAL AREA FROM (in metres):
_____WATER LINES _____BREAKOUT POINT _____STREAM OR LAKE
_____ALL WELLS _____ALL SOURCES OF DRINKING WATER

TOTAL EXISTING FILL ON LOT (in cm) | DEPTH OF NATURAL SOIL TO RESTRICTIVE LAYER/WATER (in cm)

6. Sewerage System Information

TOTAL VERTICAL SEPARATION (in cm) | TYPE OF SEWAGE TREATMENT ☐ TYPE 1 ☐ TYPE 2 ☐ TYPE 3 | IF TYPE 2 OR 3 TREATMENT IS PROPOSED GIVE: MAKE MODEL | TREATMENT CAPACITY (in litres)

SEPTIC TANK MANUFACTURER | SEPTIC TANK MATERIAL | WORKING VOLUME OF TANK (in litres) | EFFLUENT PUMP ☐ YES ☐ NO | HYDRAULIC LOADING RATE (in ipd/m")

DISPERSAL AREA:
☐ SAND MOUND ☐ BED
☐ TRENCH ☐ OTHER (SPECIFY)

METHOD OF EFFLUENT DISTRUTION
☐ GRAVITY ☐ PRESSURE
☐ OTHER _____

7. SUBDIVISION APPROVAL

THE LOT IS APPROVED FOR A SEWERAGE SYSTEM INSTALLATION AND DOCUMENTATION IS ATTACHED
☐ NO ☐ YES IF YES, BY WHOM: ☐ INAC ☐ OTHER _____

8. Authorized Person's Assurance Statement and Signature

☐ YES I HAVE MOHS' PUBLICATION "SEWERAGE SYSTEM STANDARD PRACTICE MANUAL", OR
☑ NO I HAVE USED ANOTHER SOURCE OF STANDARD PRACTICE LISTED BELOW:

NAME OF ALTERNATE SOURCE OF STANDARD PRACTICE

The information submitted on this form is accurate and true to the best of my knowledge. I am an authorized person as defined in Sewerage System Regulation, BC Reg 326/2004. The plans and specifications attached to this form are consistent with standard practice and the sewerage system will not cause contribute to a health hazard.

SIGNATURE | **PRINT NAME** | **DATE** (DD/MM/YYYY)

All applicable fields on this form, including the specifications on the accompanying plans must be complete. Information that is incomplete or otherwise inconsistent may be returned to the authorized person for re-submission. An authorized person must also file with the FNHA the letter of certification, the maintenance plan and the as-built plans within 30 days of completing the system construction AND within two years from the initial filled date (not an amended filed date).

10. Authorized Person's Seal

AUTHORIZED PERSON'S SEAL

OFFICE USE ONLY

RECEIVED DATE (DD/MM/YYYY)

INFORMATION HAS BEEN FILED WITH THE FIRST NATIONS HEALTH AUTHORITY PURSUANT TO SECTION 8 (2) OF THE SEWERAGE SYSTEM REGULATION

DATE STAMP

White Copy-File Yellow Copy- Authorized Person Pink Copy- First Nation Goldenrod Copy - Occupant / Leasee

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