

Your name SEPTIC SERVICE

CUSTOMER DECLARATION FORM

Please fill out and fax to 604-576-0000 or e-mail to (your e-mail)

Legal Owner information-as on title (Please provide one copy of land title search)

Name(s): _____

Mailing Address: _____

Phone Number: Home: _____ Cell: _____

Site Information: ***Parcel Identification Number.*** (PID#) _____

Site Address: _____ Lot Size :(hectares) _____

Legal Description: _____

Water Source Information

1. Source of domestic drinking water: (circle one)

Municipal/ private well/ private utility/ shared well / lake / stream

2. Are there any other domestic drinking water sources in use or abandoned?

If yes, describe:

3. Please describe all water source location(s):

4. Please identify the locations of neighbouring wells if known:

Lot Information

1. Are you aware of any easements / covenants / right-of-ways associated to this property?

2. Are there any private access agreements between you and your neighbours?

3. Have you ever filled or know of any fill (soil, etc) placed on this property?

Please specify type, depth and location.

4. Are you aware of any drainage systems? (not around the house)

Please specify type, depth and location.

5. Are you aware of any buried electrical, water or gas lines?

Please specify type, depth and location.

5. Do you have, plan to change, or plan to install a swimming pool, hot tub, workshop, shed, parking area, driveway, landscaping? Please provide details.

Building Information

1. Is this system needed for a new building or an existing building?

2. Is there to be a secondary building or suite to be connected to this septic system?

3. Is there to be any non-residential use, i.e. small business, employees, hobby wine/beer making, dog kennel, horse blanket washing, etc?

4. Do you experience long or frequent power outages?

4. Is this property used full time, part time, or seasonally?

5. How many people do you expect to be using the septic system?

6. Approximately how many visitors do you expect to have and how often do you expect them? How long do you expect them to stay?

7. Main residence liveable square footage including finished basement.
(Does not include garage or deck)

8. Number of bedrooms in the main residence.

9. Second building or suite liveable square footage. (Does not include garage or deck)

10. Do the building(s) have perimeter drainage? Describe.

Necessary Documents

The following documents are necessary for me to design the system. Please provide one hard copy of each. If you need assistance to obtain them, please contact me as soon as possible.

1. Land title
2. Survey plan
3. Building plan (if new building or addition)
4. Entire contents of file held by the Health Authority (if site has or had a septic system)

Important Information

I will base my design on the information you have provided, so please take care to ensure it is complete and accurate. YOUR NAME HERE takes no responsibility for the malfunction of your new system as a result of provision of false or misleading information.

Please note: if the septic system plan results in components that require an electrical connection, YOUR NAME HERE is not an electrician and will not do the electrical work. I will not commission (start up) the system, nor will I provide the Letter of Certification (LoC) authorizing its use until an appropriate permit is in place, the electrical work has been completed and tested, and final approval has been granted by the appropriate electrical authority.

Please also note: once the plan has been completed and filed with the Health Authority, a 2 year time limit is imposed by the Health Authority. This means that the system must be installed within 2 years. If that does not occur, the Health Authority will cancel the Filing. If you then wish to move forward, the Filing will have to be resubmitted, which will result in further costs. If the regulatory requirements have changed since the first Filing was completed or the building plans or site conditions have changed, the system design may need to be altered, which will also incur further costs.

Once you have chosen a Registered Onsite Wastewater Practitioner – Installer to install the system, please have the Installer contact me to discuss the installation review. If the installation commences or is completed without my knowledge, I reserve the right to withhold the Letter of Certification until such time as I can confirm that a ROWP Installer was used, and that the system was installed substantially according to my design and to the BC Standard Practice Manual.

If you wish to install the system yourself, you will need to find a ROWP Installer who is willing to supervise your work in accordance with the supervision guidelines published by the Applied Science Technologists and Technicians of BC.

If you have questions regarding the above, please contact our office

Day: 604:537-0000 Evening: 604:576-0000

Client Signature_____

Date_____