



## Health Hazard Communication Guideline

### 1. Background

- 1.1. On June 25, 2010, the [Sewerage System Regulation](#)<sup>1</sup> (SSR) was amended to include new section 2.1(1)(d) as follows:

*2.1 (1) The following are prescribed as health hazards:*

*(d) the proposed construction or maintenance of a sewerage system that, if constructed or maintained in accordance with the plans and specifications filed under section 8 or the maintenance plan filed under section 9, may in the opinion of a health officer, cause a health hazard.*

### 2. Purpose and Goals

- 2.1. This guideline clarifies the roles of the health officers, health authorities, the Association of Professional Engineers and Geoscientists of British Columbia (APEGBC) and Applied Science Technologists and Technicians of British Columbia (ASTTBC); and the communication processes that may arise between those individuals and organizations.
- 2.2. The specific goals of this guideline are to:
- 2.2.1. explain the roles of the health officers, health authorities, APEGBC and ASTTBC when addressing potential issues associated with filings under the SSR; and
  - 2.2.2. improve the understanding of the appropriate circumstances when information could be exchanged between the health officers, the health authorities, APEGBC and ASTTBC when addressing potential issues associated with filings under the SSR.

### 3. General

- 3.1. Section 2.1 of the SSR is not intended as a requirement for health officers, the health authorities, APEGBC or ASTTBC to review any or all filings related to sewerage systems, or to undertake site inspections or investigations of sewerage systems. Specifically, a sewerage

---

<sup>1</sup> Sewerage Systems Regulation, BC Reg 326/2004, as amended.

#### Stakeholder Representation

This guideline was prepared in cooperation with stakeholders as represented by: the BC Ministry of Health, the Association of Professional Engineers and Geoscientists of BC, the Applied Science Technologists and Technicians of BC, Fraser Health Authority, Northern Health Authority, Interior Health Authority, Vancouver Island Health Authority, and Vancouver Coastal Health Authority.

system filing by an authorized person is not an “application,” and the SSR does not impose approval authority or duty upon any agency.

- 3.2. As defined in Section 1 of the SSR, members and licensees of APEGBC, and Registered Onsite Wastewater Practitioners (ROWPs) of ASTTBC are authorized persons under the SSR.

#### **4. Health Officers and Health Authorities**

- 4.1. For the purposes of section 2.1(1)(d), only a health officer may form an opinion on whether the construction and maintenance of a sewerage system may cause a health hazard.
- 4.2. The identification of health hazards does not imply that a health officer is required to routinely review filings for sewerage systems.
- 4.3. The review of filings by health officers remains at the discretion of the individual health authorities.
- 4.4. A health officer may identify health hazards within sewerage system filings based on his/her own review, or based on his/her assessment of complaints or concerns received by the health authorities from:
- members of the public;
  - authorized persons; or
  - regulatory bodies of authorized persons.
- 4.5. Where a health officer has identified a potential or prescribed health hazard within a filing for a sewerage system, the health officer should first contact the authorized person responsible for the filing and attempt to resolve the issue through communications with the authorized person.
- 4.6. If, after communicating with the authorized person responsible for a filing, the health officer is satisfied that the authorized person has resolved the health hazard concerns in a manner acceptable to the health officer, the health officer need take no further action.
- 4.7. If, after communicating with the authorized person responsible for a filing, the health officer remains unsatisfied and the authorized person has not resolved the health hazard concerns in a manner acceptable to the health officer, the health officer should then determine the health hazard abatement action that may be warranted under the [\*Public Health Act\*](#)<sup>2</sup>. Any health authority actions may run concurrently or independently of the processes of the professional regulatory bodies for authorized persons.

---

<sup>2</sup> *Public Health Act* [SBC 2008] c. 28.

## 5. APEGBC

- 5.1. As the regulatory body for the professions of engineering and geoscience, APEGBC has the duty to uphold and protect the public interest respecting the practices of professional engineering and professional geoscience. In the event that a health officer determines that the professional conduct or behaviour of an APEGBC member or licensee gives rise to a concern with respect to a sewerage issue, the health officer should contact the APEGBC Associate Director, Professional Practice to discuss the possibility of lodging a complaint against the APEGBC member or licensee. The APEGBC complaint process is described and updated on the APEGBC website<sup>3</sup>.
- 5.2. Health officers should be aware that the APEGBC complaint process is a formal complaint review, investigation and, if appropriate, prosecution process and is unlikely to result in the quick resolution of issues that arise at the time of a filing for a sewerage system. The APEGBC complaint process is also confidential and APEGBC cannot share detailed information about a complaint as it progresses. In situations where it determines it to be appropriate, APEGBC may provide health officers with some information about sewerage issues arising from APEGBC's dealings with its members and licensees.

## 6. ASTTBC

- 6.1. As the regulatory body for Registered Onsite Wastewater Practitioners (ROWPs), the ASTTBC has the duty to uphold and protect the public interest respecting the practices of their members. In the event that a health officer determines that the professional conduct or behaviour of an ASTTBC member gives rise to a concern, the health officer is encouraged to contact the ASTTBC regarding the concern, and the possibility of lodging a complaint against the ASTTBC member where appropriate. The ASTTBC Complaint process is described and updated on the ASTTBC website<sup>4</sup>.
- 6.2. Health officers should be aware that many options are available to the ASTTBC when responding to a concern.
- 6.3. A formal complaint will result in an in-depth investigation and possible disciplinary action against the member as determined by the ASTTBC Practice Review Board. The typical time frame for formal complaint resolution is between one month and three months. The ASTTBC complaint process is confidential and the ASTTBC cannot share detailed information about a complaint as it progresses. All parties to the complaint, as well as the health officer, will be informed of the determination of the Practice Review Board at the completion of the investigation.

---

<sup>3</sup> <http://www.apeg.bc.ca/enforcement/complaint.html#comp>

<sup>4</sup> <http://www.asttbc.org/practice/complaints/filing.php>

## Appendix 1: Examples of Health Hazards

SSR Section 2.1(1) defines “prescribed health hazards” as:

- (a) the discharge of domestic sewage or effluent into
  - (i) a source of drinking water, as defined by the Drinking Water Protection Act,*
  - (ii) surface water, or*
  - (iii) tidal waters;**
- (b) the discharge of domestic sewage or effluent onto land;*
- (c) the discharge of domestic sewage or effluent into a sewerage system that, in the opinion of a health officer, is not capable of containing or treating domestic sewage;*
- (d) the proposed construction or maintenance of a sewerage system that, if constructed or maintained in accordance with the plans and specifications filed under section 8 or the maintenance plan filed under section 9, may in the opinion of a health officer cause a health hazard.*

For the purposes of this guideline, additional examples of potential health hazards (which may be identified within filings) are provided below. Please note that this list includes but is not limited to the following:

- Neighboring well or surface water not identified on plans.
- Setback for newly constructed systems does not meet the requirements of the SSR, section 3.1 (as per the Ministry of Health *Sewerage System Policy for Setback from Wells Based on Repairs or Alterations – May, 2011*).
- Conflicts with the Groundwater Protection Plan (part 2 of the Groundwater Protection Regulation), Drinking Water Protection Plan (developed under part 5 of the [Drinking Water Protection Act](#)), or sewerage system bylaws, or watershed protection plans as provided by local government.
- Potential contamination near small/private surface water intakes.
- Nearby steep slope, outcropping, or excavation that may be considered a breakout point.
- Sewerage system is proposed for construction at or below a flood plain elevation (where health hazard concerns exist).
- Sewerage system design will result in inadequate treatment (e.g., inadequate vertical separation, soil covering, and/or hydraulic overloading, and inadequate pre-treatment).
- Filing errors that may lead to health hazards, such as:
  - Incorrect distances identified on the plan.
  - Errors in marking of buildings, lot lines or other features on the plot plan.
  - Soil parameters stated in filing are not consistent with what is known about the site.
  - No confirmation from a professional competent in hydrogeology that a system can be constructed less or greater than 30 m from a well.

- Sewerage system plot plan does not include all structures to be tied into the system.
- Setbacks/treatment not appropriate to sensitive areas (shellfish harvesting/recreational waters).
- Potential health hazards based on administrative errors in filings (e.g., the filing form conflicts with the *Drinking Water Protection Act*, or the original filing/supporting documentation is not sealed/signed).