Onsite Sewerage System

Company Name: _____

Planners Name: _____

Address:_____

Phone #: _____ E-mail: _____

Type: _____

System:_____

_____

Designed for

Client name: _____

Located at:

Civic Address: _____

Legal Description: _____

Designed on Date: _____

Property Owner's Declaration

Property Information

Legal description _____

_____

Common Address _____
STREET NUMBER/STREET NAME

_____ Lot Size:_____ hectares/acres
CITY / PROVINCE / POSTAL CODE

Property Tax Information:

P.I.D. #_____ Folio. # _____
TAX ASSESSMENT ROLL NUMBER

Owner Information

Legal owner's name_____

Owner's mailing address _____
STREET NUMBER/STREET NAME

_____
CITY / PROVINCE / POSTAL CODE

Owner's Phone

Work: (____)_____ Fax: (____)_____

Residence: (____)_____ Cell: (____)_____

Building Information

Type of Facility (check one): __ Residence __ Other (describe) _____

Size of Building:	Residence Living Area	
	FEET^2	M^2
Basement		
Main floor		
2nd Floor		
3rd Floor		
Total area		

Other Facility (Total Area)	
FEET^2	M^2

# of bedrooms	

Planned Uses

1. If the basement is unfinished, what is its intended use? _____
2. Does the basement have plumbing or electrical provisions to add a separate living suite? ☐ Yes ☐ No
3. Do you plan on having a Bed and Breakfast or suite? ☐ Yes ☐ No
   If yes, please provide details: _____
   _____
4. Do you plan on having an in-sink garbage disposal unit? ☐ Yes ☐ No
5. Do you plan on having a water softener? ☐ Yes ☐ No

Other Information

Do or will you have a well? ☐ Yes ☐ No

If No, source of domestic drinking water is: _____

If Yes, what is its location: _____

Location of neighbouring wells: _____

Are there any covenants or easements on property: ☐ Yes ☐ No

Items to be Provided by Owner

The following items are to be provided by the Owner prior to the start of a site assessment and the Owner agrees herein to supply them at their expense:

1. Plans and specifications of building, site access and landscaping plans.
2. Plot plan or lot survey
3. Signed contract to authorize planner to begin work
4. Land Title's Search results
5. Reference plans and terms of any covenants or easements
6. Location of all existing services.
7. Copies of any/all registered covenants or easements

Declaration Statement

I/We, the undersigned declare that I/we are legal owners of the above described property and the information given above is true and accurate for the purpose of planning, designing, constructing and maintaining a Sewerage System for said property, and that any changes, alterations or amendment to this above information will be provided to the "authorized person," as defined in the B.C. *Health Act, Sewerage System Regulation 324/2004*, in writing immediately prior to any installation of a sewerage system.

Signature of Owner(s) Date of Declaration: _____

_____ _____

PRINT NAME SIGNATURE

_____ _____

PRINT NAME SIGNATURE

INSERT

Contract
Between Home Owner and Authorized Person

to (Plan/Install, etc.)

HERE

INSERT

(Health Authority)

Filing of Sewerage System Document

HERE

General Summary of the Sewage System

Date: _____

Civic address: _____

Legal Description: _____

Site Assessment and Soil Evaluation Results

Total Flow Rate: _____ G.P.D., _____ L.P.D Based on *(Description):*_____

# of Bedrooms _____ Total floor area max. _____ sq ft, _____ sq m

Slope of site (at dispersal area): __ % Restrictive layer depth: ____ inches, ____ cm

Restrictive layer: _____
(SEASONAL HIGH WATER TABLE, LOW PERMEABILITY SOIL, OR BEDROCK)

Perk Rate Average: _____ min./inch, /2.5 cm OR _____ K(fs) mm/day

Soil at depth of infiltration trenches (depth 0 to 30 cm for sand mound):

Soil texture: _____ Structure: _____

Consistence (rupture resistance): _____

Site constraints (S.C. 1-4): _____

General System Design Parameters

Tankage (Treatment Method)

System to be: Type _____ , Distribution: _____

Septic (trash) tank to be: _____ Imp. Gallons, _____ Litres.

Pump Chamber to be: _____ Imp. Gallons, _____ Litres.

Treatment Plant to be:
Manufacturer:_____ Model: _____

Treatment capacity: _____ Imp. G.P.D., _____ L.P.D.

Distribution Method

Depth of ASTM C33 sand below infiltration surface to be : _____ inches, _____ cm.

Total vertical separation: I.S. to restrictive layer: _____ inches, _____ cm.

Hydraulic Loading Rate (HLR) = Type ____ system / ____ G/ sq ft/day, ____ L/sq m/day

AIS = Flow Rate ____ L.P.D. divided by HLR ____ L/sq m/day = _____ sq m

AIS = Flow Rate ____ G.P.D. divided by HLR ____ G/sq ft/day = _____ sq ft

Distribution area to be: _____ laterals of _____ L ft, _____ L m

total being _____ L ft, _____ L m

Width of trenches to be: _____ inches (____ ft), _____ cm

Trenches to be on _____ ft, _____ m centres, and centre/end (circle one) feed.

Total Area of Infiltration Surface (AIS) = _____ sq ft, _____ sq m

Pump to be: Manufacturer:_____ Model:_____ Voltage:_____

Orifice Sizing to be: _____

Orifice Spacing to be on: _____ centres

Piping:
Laterals to be: _____

Manifold to be: _____

Force Main to be:_____

Total Flow Rate: _____U.S. G.P.M. or _____ L.P.M.

Lateral Flow Rate: _____ U.S. G.P.M. or _____ L.P.M.

Design Rationale:

_____

_____

_____

_____

_____

_____

_____

Observed Soil Conditions

Test Pit Logs

Date*:		Site:					Logged by:		
TP#		Pit Location:					Slope:		
Soil Horizons (depths measured in cm / m / in / ft)									
Depth		Colour	Texture	Structure	Rupture resistance (or density)	Coarse gravel (%)	Roots depth & quantity	Mottles depth & quantity	Moisture seepage
from	to								
Notes									
Depth		Colour	Texture	Structure	Rupture resistance (or density)	Coarse gravel (%)	Roots depth & quantity	Mottles depth & quantity	Moisture seepage
from	to								
Notes									

Based on USDA *Field Book for Describing and Sampling Soils* (2002).
* Date water table measured

Observed Soil Conditions

Test Pit Logs

Date*:		Site:					Logged by:		
TP#		Pit Location:					Slope:		
Soil Horizons (depths measured in cm / m / in / ft)									
Depth		Colour	Texture	Structure	Rupture resistance (or density)	Coarse gravel (%)	Roots depth & quantity	Mottles depth & quantity	Moisture seepage
from	to								
Notes									
Depth		Colour	Texture	Structure	Rupture resistance (or density)	Coarse gravel (%)	Roots depth & quantity	Mottles depth & quantity	Moisture seepage
from	to								
Notes									

Based on USDA *Field Book for Describing and Sampling Soils* (2002).
* Date water table measured

Percolation Tests

Civic Address: _____ Date: _____

Legal Address:_____

Holes pre-soaked for _____ hrs.

Perc. hole #
Location:
min. / inch
min. / inch
min. / inch
min. / inch
Depth: ___ inches, ___ cm

Perc. hole #
Location:
min. / inch
min. / inch
min. / inch
min. / inch
Depth: ___ inches, ___ cm

Perc. hole #
Location:
min. / inch
min. / inch
min. / inch
min. / inch
Depth: ___ inches, ___ cm

Perc. hole #
Location:
min. / inch
min. / inch
min. / inch
min. / inch
Depth: ___ inches, ___ cm

Average Perc. Rate: _____ min/inch or 2.5 cm

Permeameter Tests Summary

Client: _____

Subject Property Address: _____

Permeameter Size: 2" 4" Date of Test: _____

Permeameter Tube Diameter: ___ cm Conducted by: _____

Test #	Auger Hole Dia. (cm)	Auger Hole Depth (cm)	Stable Rate of Fall (mm/min)	CSS Soil Factor	K(fs) (mm/day)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Line up tests results in order from Lowest K(fs) to Highest K(fs)

Lowest → **Highest**

Circle the selected representative K(fs) for design purposes.

Note: Be careful about your units. Some SPM values are in cm/day while others are in mm/day. To convert from mm/day to cm/day: divide your result by 10.

INSERT

Plot Plan Drawing

HERE

INSERT

Dispersal Area Detail Drawing

HERE

INSERT

Dispersal Area

(trench/bed/mound, etc.)

Side View (Cross Section) Drawing

HERE

INSERT

Specifications of the Sewage System

(For Type 1 systems, refer to General Summary of the Sewerage System)

HERE

Please advise homeowner in specifications that dispersal area needs to be protected at all times:

- **No soils added;**
- **No soils removed;**
- **No soils disturbed; and**
- **No one to drive or park on designated area.**

Please note that this is critical.

INSERT

As Built Drawing

HERE

Planner's Summary of Design Adjustments to Original Design (Gravity Distribution)

Client Name: _____ Date: _____

Civic Address: _____

Legal Description: _____

Adjustments made to original design: _____

_____

_____

_____

_____

_____

_____

System to be: Type _____, Distribution: _____

Design Flow Rate: _____U.S. G.P.D. or _____ L.P.D.

Package Treatment Plant: _____

Distribution Area: _____

Width of Trenches: _____

Total Area of Infiltration Surface (A.I.S.): _____

System on: _____ centres.

Planner's Summary of Design
Adjustments to Original Design (Pressure Distribution)

Client Name: _____ Date: _____

Civic Address: _____

Legal Description: _____

Adjustments made to original design: _____

_____

_____

_____

System to be: Type _____, Distribution: _____

Design Flow Rate: _____U.S. G.P.D. or _____ L.P.D.

Package Treatment Plant: _____

Distribution Area: _____

Width of Trenches: _____

Total Area of Infiltration Surface (A.I.S.): _____

System on: _____ centres.

Pump Installed: _____
MAKE MODEL

Voltage _____ Amperage _____ Horsepower: _____

System Total Dynamic Head (TDH): _____

Lateral Flow Rate: _____U.S. G.P.M.

Total Flow Rate: _____U.S. G.P.M.

Dose Volume Set at: _____U.S. Gallons

Dose Cycle Time: _____ min. _____ sec.

Pump Test Performed: _____ residual head achieved.

Pump Float Off Position: _____

High Float Alarm Off Position: _____

Planner's Installation Review Report
(Gravity Distribution)

Civic Address: _____

Legal Description: _____

Final Construction Review

A final construction review of the installed Sewerage System was completed on _____ (date). This review included visual observation of the system components and measuring setback distances. Tanks were tested for leaks. No leaks were found in tanks.

Speed leveler in distribution box has been adjusted and set using water test.

Observations: _____

_____

Installer to complete the following list:

1. Backfill system as per original design.
2. _____
3. _____
4. Provide Planner with Installer's Letter of Certification when this list is complete.

Based on the results of this review and the completion of the above list by _____ R.O.W.P. Installer of _____, the above system has been installed and operates in accordance with the design specifications of the BC Sewerage System Standard Practice Manual.

Respectfully Submitted,

_____, R.O.W.P.

_____
PRINT NAME

Planner's Installation Review Report (Pressure Distribution)

Civic Address: _____

Legal Description: _____

Final Construction Review

A final construction review of the installed Sewerage System was completed on _____ (date). This review included visual observation of the system components, testing of the pump system and measuring setback distances. Tanks were tested for leaks and no leaks were found. Floats were set to achieve _____ gallons per dose. Pump run time is _____ minutes _____ seconds.

Observations: _____

_____

Installer to complete the following list:

1. Backfill system as per original design.
2. _____
3. _____
4. Provide Planner with Installer's Letter of Certification when this list is complete.

Based on the results of this review and the completion of the above list by _____ R.O.W.P. Installer of _____, the above system has been installed and operates in accordance with the design specifications of the BC Sewerage System Standard Practice Manual.

Note: Visual observation of the pump float connections and system testing indicates that the electrical work was performed adequately. However, it is the responsibility of the qualified electrician who performed the electrical work to verify that it conforms to the BC Electrical Code for wet and corrosive environments.

Pump Installed: _____
MAKE MODEL

Voltage: _____ Amperage: _____ Horsepower: _____

Residual Head Achieved: _____

Pump Float Off Position: _____

Pump Draw Down: _____

Dose Volume: _____

Pump Chamber: ____ Imperial G. Volume: ____ Imperial G./inch or ____ U.S. G./inch

High Float Alarm Off Position: _____

Respectfully Submitted,

_____, R.O.W.P. _____
PRINT NAME

Sewerage System: Registered Practitioner's Installer's Letter of Certification

Date: _____

To: _____
(Authorized Person — ROWP — Planner or Professional)

Re: (Filing or Folio #) _____

_____
Civic address

_____
Legal description

From: _____ (Registered Practitioner — Installer)

_____ (Business Name)

Please be advised that the installation of the sewerage system on the above described property and filing document was completed on _____ (DATE), including completion of all listed requirements in the Planner's Installation Review Report.

I was responsible for performing the installation work except for the items being:

1. Electrical permits, wiring, connections and energizing the sewerage system
2. _____

I, the undersigned, am a registered practitioner as defined in the *Sewerage System Regulation, BC Reg. 326/2004* and certify that:

1. The above sewerage system has been installed in accordance with standard practice for installation; and,
2. The above sewerage system has been installed substantially in accordance with the plans and specifications provided to me and any written instructions received from the planner/professional subsequent to the original accepted filing document.

Sewerage System
Operation and Maintenance Plan

Part 1: Operation Plan for Owners and Operators

Introduction

Civic Address: _____

Legal Description: _____

System completed on (date): _____

Onsite wastewater systems require proper operation and maintenance to ensure adequate performance, service life expectancy, and protection of public health and the environment. Pursuant to section 10 of the *BC Sewerage Regulation 326/2004* the owner/user of an onsite wastewater system must ensure it is operated and maintained in accordance with the operation/maintenance plan provided by the designer/planner. In addition, the owner/user is required to keep records of the system inspections and maintenance performed on the system.

The operations and maintenance plan: system inspection and maintenance schedule, contact lists, and system dos and don’ts.

IMPORTANT: This system has been designed to service a residence as listed on the general specifications of sewerage system. Therefore, addition of a bedroom or any additional square footage added to house, a suite or use as a bed and breakfast will require alterations to the onsite wastewater system that must be designed by an Authorized Person and filed with the Health Authority.

System Operation

Under the laws of BC, the sewage system that has been installed on the above listed property must be maintained by a Registered Maintenance Provider in accordance with the specifications outlined in this Operations and Maintenance Plan.

Cautions and Warnings

- Garbage disposal unit is NOT to be used with septic systems. A garborator will overload the septic tank, degrade wastewater treatment and decrease drain field life.
- No water softeners, floor drains, roof drains or perimeter drains to drain into wastewater system.
- Irrigation over mound or drain field should be closely monitored. Excessive irrigation infiltrates into and hydraulically overloads system. Hydraulic overload will cause failure in system.
- Structures, roads, paths, parking, swimming pools, and any impervious materials are prohibited from being placed on drain fields. Any of these will cause failure of system.
- Gases within septic tank and pump chamber can be explosive and/or cause asphyxiation. DO NOT enter tank risers or tanks at any time. Lids are to be secured at all times.

Dos and Don’ts for Successful Operation

- DO NOT introduce or put any non-biodegradable substances into the system such as:
  - Chemicals, including paint (do not wash paint brushes inside house)
  - Solvents, antifreeze, gas, herbicides, pesticides
  - Coffee grounds
  - Cigarette butts
  - Disposable diapers
  - Feminine hygiene products
  - Condoms
  - Paper towel, facial tissue, sanitary wipes
  - Cat litter
  - Hair

- DO NOT discharge from water treatment devices including water softeners into system.
- DO NOT use powdered laundry detergent or dish washer soap, liquid soap is acceptable.
- DO NOT flush anything (e.g., Condoms, Q-tips) into system that does not pass through the human body with the only exception being toilet paper.
- DO NOT introduce excessive amounts of fats, oils or grease into system.
- DO NOT drive on disposal system, piping, distribution box or tanks at any time.
- MINIMIZE the use of bleach and cleaning solvents.
- DO NOT use commercial septic tank additives: they are unnecessary, expensive and can impair system performance.
- DO NOT stress system with multiple laundry loads on one day — spread laundry throughout the week.
- DO practice water conservation and ensure that fixtures do not leak.
- DO check toilets for leaks annually by placing dye in tank (food coloring) and leaving it for several hours. The dye should not appear in the toilet bowl.
- DO have a maintenance provider in place to maintain and monitor system.
- DO keep maintenance/ service records at all times. These records are to stay with system (and passed to new owners if property changes ownership).

Please note that a full updated list of registered Maintenance Providers can be obtained from your local Health Authority.

Part 2: Maintenance Plan for Maintenance Providers

Introduction

Design Flow Rate: _____

Type of System (description): _____

_____

The Maintenance Provider is to perform the maintenance outlined below as required:

YES

TANKS:

☒ Measure sludge and scum levels in septic tanks and pump chamber. Pump-out and clean as required.

☐ Clean floats and pump as needed.

CONTROL SYSTEM, AND HOUSING:

☐ Test pump on/off float, the high level alarm float and the audible/ visual alarm to ensure they are operating properly. The pump on/off float is set to provide a pump draw down of ____ inches. The alarm float is set ____ inches above the pump “on” float position. Adjust floats if and when necessary.

FILTERS:

☒ Check effluent filters and clean when required.

☒ Replace filters as needed.

DISPERSAL FIELD: PRESSURIZED

☐ Check operation, cycle, test residual head.

☒ Lateral lines to be opened at clean out ends and flushed as required. Initial frequency is once every _____ months.

☒ Inspect observation ports.

☒ Check pipelines for signs of leakage.

DISPERSAL FIELD: GRAVITY

☒ Inspect observation ports.

☐ Inspect distribution box (Adjust flow/speed levelers as needed)

☒ Ensure that surface of dispersal field area is not collecting surface water

☐ Inspect diversion valve

☒ Inspect observation ports bi-annually (Observation Port is to observe biomat formation and effluent ponding at the zone of infiltration within the dispersal trench or bed.)

YES VALVES:

☐ Check Hydrotek valve operation.

DISCHARGE MONITORING:

☐ Record flow data, accumulated run time.

Septic (Trash) Tanks (All Systems)

Septic tank pump out intervals projected to be _____ years, with effluent filter inspection and cleaning intervals expected to be _____ year(s) (_____ months for the first two years), depending on use and influent quality. Tank sludge/ scum depth should be assessed annually at time of effluent filter cleaning.

Pump, Floats and Alarms

PRESSURE SYSTEMS ONLY

Annual pump check to include visual inspection, measurement of running amperage, record of run time per standard dose. Visual inspection of floats and manual test of alarm/float operation. Visual Inspection of pump chamber and cleaning as required.

Commissioning run time _____ mins, amperage _____ amps. Pump chamber “V” value _____ inches of depth per U.S. gallon.

Annual flow check to include record of pump starts (from counter) and run time (from pump hour meter) and manual check of counter operation.

Package Treatment Plants

Treatment plants, operations as per manufacture manual specifications.

R.O.W.P. Disclaimer:

I hereby certify that the information provided in this report is accurate and true to the best of my knowledge. I waive any and all responsibility and/or liability for the system problems malfunctions or health hazards that arise from any faulty system components, improper installation, damage resulting from misuse and/or failure to operate and maintain the system in accordance with the operation/maintenance plan.

Respectfully Submitted,

_____, R.O.W.P.

_____

PRINT NAME

Operation and Maintenance Plan:
Source Control Policy

(for Residential Systems with Design Flow Rate of 550 Imperial Gallons/Day or Less)

Effluent Quantity/Quality Guidelines

The residence is permitted to discharge up to a design flow rate _____ Imperial Gallons per day of effluent into the system at a peak flow; however, the average flow to the system over any week period must not exceed _____ Imperial Gallons per day (50% of design flow rate).

The system is intended for use with normal residential effluent. There are various quality requirements for the effluent discharged from the home to the system, and it is the owner's responsibility to ensure that these are complied with. It is recommended that owners ensure that their liability insurance covers them for liability associated with discharge of effluent that causes damage to the environment. The following should not be discharged:

1. Any sewage in a volume or flow rate greater than shown above;
2. Any sewage in flow rate exceeding 15.4 Imp. Gallons per minute;
3. Any sewage in flow rate exceeding _____ Imp. Gallons per hour (8 times daily design flow rate per hour, *e.g., 550/24 x 8 = 183 IG/hr*);
4. Any liquid or vapor having an average temperature higher than 50°C;
5. Any flammable or explosive material;
6. Any garbage;
7. Any metal, plastic, wood or other solid or viscous substance capable of causing obstruction or interference with the proper operation of the sewerage system or treatment process;
8. Any sewage or industrial waste having a pH limit less than six (6.0) or greater than nine and a half (9.5);
9. Any sewage or industrial waste containing any of the following materials in excess of the indicated concentrations:

B.O.D.5	300 mg/L
Suspended solids	350 mg/L
Total sulfide expressed as H2	5 mg/L
Phenolic compounds	2 mg/L
Oil and grease	100 mg/L

Total cyanide expressed as HCN	0.2	mg/L
Total copper expressed as Cu	1.0	mg/L
Total chromium expressed as Cr	1.0	mg/L
Total nickel expressed as Ni	1.0	mg/L
Total lead expressed as Pb	1.0	mg/L
Total zinc expressed as Zn	1.0	mg/L
Total cadmium expressed as Cd	.05	mg/L
Total phosphorus expressed as P	15.0	mg/L
Total arsenic	0.5	mg/L
Total mercury	.006	mg/L
Total silver	1.0	mg/L

"B.O.D.5" (denoting biochemical oxygen demand) means the quantity of oxygen utilized in the biochemical oxidation of organic matter under standard laboratory procedure in five (5) days at 20°C, expressed in milligrams per liter.
"pH" means the logarithm of the reciprocal of the weight of hydrogen ions in grams per liter of solution and denotes alkalinity or acidity.

10. Any water or waste containing a toxic or poisonous substance capable of constituting a hazard to humans or animals, or any water or waste containing substances in such concentrations that are not amenable to treatment or reduction by the sewage treatment process employed, or are amenable to treatment only to such a degree that the sewage treatment plant effluent and sludge cannot meet the requirements of any other agency having jurisdiction over discharges from the system, or which would damage the dispersal field soils (this would include such items as excess chlorine bleach, excess sodium, disinfectant cleaners, drain cleaner, photochemicals etc);

11. Any substance that when concentrated in sewage treatment plant, effluent disposal fields, or in sludge, could result in a contaminated site (this would include paints and solvents);

12. Rainwater runoff from the surface or from roofs etc, storm or surface water, water from swimming pools or hot tubs;

13. Grease, oil, solvents etc;

14. Flushing water from water softeners;

15. Output from Garburators; and,

16. It is recommended that owners refer to the information in regard of Onsite wastewater systems, attached.

Contact List

R.O.W.P. Maintenance Provider

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Tank, pump out, filter cleaning, under drain line pump out, lateral line flushing, or general service and maintenance of the system.

R.O.W.P. Installer

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Questions or concerns pertaining to installation.

Package Treatment Plant Supplier

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Maintenance and servicing of package treatment plants.

Electrician

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Questions or concerns regarding electrical components of septic system.

Tank/Pump Chamber Supplier

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Questions or concerns regarding concrete septic tanks, pump chambers, risers or distribution boxes.

Pump and Materials Supplier

Company Name: _____

Contact: _____

Address: _____

Phone #: _____

Questions or concerns regarding pumps, high float alarm or system components. This is the parts supplier.

Record of Maintenance and System Testing: Results

Insert date at top of column and results in column. Attach additional notes as necessary.

Date					
Septic Tank					
Pump chamber valves, etc.: Visual inspection, test					
Pump chamber: Clean floats/pumps					
Control system and housings, etc.: Visual inspection, check and operate alarms, pumps					
Effluent filter: Visual inspection					
Effluent filter: clean					
Effluent filter: Replace media					
Disposal field: Check operation, check inspection ports for biomat					
Disposal field: Check of Hydrotek valve operation					
Check pipelines for signs of leakage					
Discharge monitoring: Record Flow and accumulated run time					
Renew equipment					
Notes					

INSERT

Manufacturers' Manuals and Warranties

(Warranties for package treatment plants, pumps, floats, valves, etc.)

HERE

INSERT

Extra Information and Brochures

(Example: CRD “Septic Savvy” “How to care for your residential Septic system” Brochure)

HERE

INSERT

Health Authority
Letter of Certification

HERE

Acknowledgement by Owner

I/We the undersigned are the legal property owners of land and buildings located at

Civic/Common Address: _____

_____ Or,

Legal Description: _____

_____

I/We acknowledge receipt of copies of the following items from the Authorized Person as defined in the *B.C. Sewerage System Regulation 326/2004* pursuant to the construction of the sewerage system at the above location:

- Drawings and specifications of sewerage system as constructed at the location
- Letter of Certification as filed with the Health Authority
- Operation and Maintenance Plan.

I/We acknowledge that I/we have read and understood the operation and Maintenance plan and do hereby agree to operate and maintain the sewerage system as specified in this operations/maintenance plan and in accordance to the filing documents submitted to the Health Authority.

Further, I/we agree that the land and building(s) will be used in accordance with filing documents and that any change or alteration will not be conducted without written approval by a qualified Registered Practitioner.

I/We agree that upon any sale or transfer of the property to another person, we shall inform the new owner of the contents and details of the Operation and Maintenance Plan.

_____ _____

PRINT OWNER'S NAME PRINT OWNER'S NAME

_____ _____

OWNER'S SIGNATURE OWNER'S SIGNATURE

DATE: _____