PROPERTY OWNER’S DECLARATION FOR NEW SEWAGE SYSTEM CONSTRUCTION

Owner Information:
Legal Owner(s) Name(s): ___________________________________________________________

Mailing Address of Owner: ________________________________________________________

Home Phone: (____) __________________ Fax: (___) __________________ Cell: (____) __________

Email address: ________________________________________ Preferred Phone: _____cell _____home

Property:
Legal Description: ________________________________________________________________________________________

Common Address: __________________ street number / street name / city / postal code

Lot Size: _______ (acres)  Regional District: __________  Zoning: __________________________________________________________________________ PID: __________

Are there any restrictive covenants, easements, rights-of-ways, zoning restrictions, etc., on this property that would affect the design of a sewerage system?  ____YES  ____NO. (If YES, see request for documents below)

Is this property in: a floodplain?  ____YES  ____NO,  the ALR?  ____YES  ____NO,  a geo-hazard zone?  ____YES  ____NO

Is the area of the proposed dispersal field  ____ fill  ____ native soil  ____ don’t know

Is there an existing septic field on the property?  ____YES  ____NO  Has it previously failed or backed up?  ____YES  ____NO

Do you, or will you have a well?  ____YES  ____NO  If YES, where is it located:________________________________________

The source of domestic drinking water is: __________________ Location of neighboring wells _______________________

Will there be any form of water treatment?  ____YES  ____NO  Depth to water table (if known)? __________ ft

It is the owner’s responsibility to ensure that surface and roof runoff drain AWAY from the proposed dispersal field area and any tanks. Is the owner planning for any drainage works that may be necessary?  ____YES  ____NO

Building Information:

<table>
<thead>
<tr>
<th>FLOOR AREA * (ft²)</th>
<th>PRIMARY RESIDENCE</th>
<th>SECONDARY RESIDENCE</th>
<th>OTHER FACILITY</th>
<th>OTHER FACILITY</th>
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</thead>
<tbody>
<tr>
<td>Basement</td>
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</tr>
<tr>
<td>Main Floor</td>
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<tr>
<td>2nd Floor</td>
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<tr>
<td>3rd Floor</td>
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<tr>
<td>Total Floor Area:</td>
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<tr>
<td>Total # of bedrooms</td>
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<tr>
<td>Anticipated # of occupants</td>
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<tr>
<td>Perimeter Drain** (Yes/No)</td>
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</tbody>
</table>

*Floor area is the total floor area of the building, not including the floor area of a garage, breezeway, carport, crawl space or decks exterior to the building’s foundation walls.

** A perimeter drain around a building’s foundation may increase the required minimum setback to the field.

Owner’s Initials_________________
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A separate suite is considered another residence. Will there be a separate suite in any of the buildings? ___YES ___NO

If YES: Floor Area: ___________ ft² Number of Bedrooms: ______

Does or will the basement have plumbing or electrical provisions to add a separate living suite? ___YES ___NO

If there will be any unfinished floor area, what is its intended use?______________________________________________________________

Will there be: an in-sink garbage disposal unit? (this will increase the system size by 50%) ___YES ___NO

- low flow showers, toilets or faucets? ___YES ___NO, large bathtubs or high volume shower fixtures? ___YES ___NO

Will the building(s) be supplied with electrical power? ___YES ___NO

Will there be any anticipated usage patterns that may affect sewage volume or constituents, such as
- Frequent large number of guests ___YES ___NO
- Non-typical food processing such as canning, high volume baking or deep frying, beer or wine making ___YES ___NO
- Home based businesses associated with sewage discharges ___YES ___NO
- Hobbies associated with sewage discharges (e.g. photography, painting, pottery) ___YES ___NO

Will you be installing the system yourself? ___YES ___NO

Will the field or tank be required to support vehicle loading? ___YES ___NO

Installer's Name & Phone # (if known)_________________________________________________________________

What is the estimated date of installation? ____________________________ Allow at least a week after the system is functional (and has passed a final inspection) before it may be used, to allow time for system registration. If the date cannot be estimated, please explain ________________________________________________________________

The following items are to be provided to the ENGINEER by the OWNER.

- Signed Engagement Agreement and retainer to authorize the engineer to begin work
- $200.00 Interior Health Authority Filing Fee (for alterations or new construction)
- A rough sketch of the property (or properties) showing the existing and proposed property lines, structures, driveways, easements, wells, services (e.g. gas, hydro, phone, waterlines, etc.) and sewage systems.
- Most recent copies of the Land Title(s), Legal Survey Plan(s), reference plans, and any covenants, easements, rights-of-ways, existing septic permits, well construction reports and any geo-scientific reports (e.g. structural, geotechnical, geo-hazard or hydro-geological) or other charges that may affect the design of a sewage system, in detail*.
- Floor plans & specifications of relevant structures(s) (if and when available), site access and landscaping.

* If the owner is unable to obtain some of these required documents, the engineer will normally be able to obtain them for an additional Document Retrieval Fee, see the terms of the Engagement Contract.

Declaration Statement:
I/We, the undersigned, hereby declare that I/we are the legal owners of the above described property and the information given is true and accurate for the purpose of planning, designing, constructing, operating and maintaining a sewerage system for said property, and that any changes, alterations or amendments to this information will be provided to Thomas Smith P.Eng., in writing prior to the installation of a sewerage system. I/We are also aware that the Sewerage System Regulation requires that I/we; not cause or contribute to a health hazard, ensure that all sewage will be discharged into this system, be responsible for maintaining the system according to the Maintenance Plan that will be filed with the Interior Health Authority, maintain records of all maintenance performed.

____________________________________________________________________________
____________________________________________________________________________
DATE NAME OF OWNERS REPRESENTATIVE (IF ANY)
____________________________________________________________________________
OWNER’S SIGNATURE PRINT NAME
____________________________________________________________________________
OWNER’S SIGNATURE PRINT NAME

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