



NOTIFICATION FORM

OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	Application #

Notifier contact information:

First Name	Middle Name	Last Name
Primary Phone Number	Ext	Secondary Phone Number
	Ext	
Fax Number	Email address	
Professional designation (QP or P. Eng)	QP or P. Eng #	

Notifier mailing address:

Street name and type, PO Box, RR #, Site #, etc				
City/Town	County	Province	Country	Postal Code
Preferred Method of Return Correspondence? <input type="radio"/> Email <input type="radio"/> Paper				

Property details/location of activity

Civic Number	Street name and Type
Community	County
PID	

Property Details:

Water Supply: Existing Proposed
 Other Please specify _____

Water Supply Type: Drilled Well Dug Well
 Other Please specify _____

Development Type: Multiple Dwelling Residential Single Family
 Other Please specify _____

Number of Bedrooms: _____

System Details:

Disposal Field Length (m) _____

System Selection or Design Design Selection

Design Capacity (L/Day) _____

Depth of Soil _____

Type of Permeable Soil, please specify _____

Depth to Bedrock, Water Table, or too Permeable Soil(m) greater than equal to _____

Disposal Field Layout: Area Bed, at grade Area Bed, fully Trenched Area Bed, partially trenched
 C1 C1 Raised C2
 C2 Raised C3 Holding Tank
 Multiple Trench, at grade Multiple Trench, fully trenched
 Multiple Trench, partially trenched Other _____
 Sand Filter

Malfunction Replacement Yes (Malfunction Inspection Form Required) No

All clearance distances required by the Standard will be maintained Yes No

