

## **NOTIFICATION FORM**

|                                 |                  | OFFICE USE ONLY        |           |             |  |
|---------------------------------|------------------|------------------------|-----------|-------------|--|
| Date Received: (yyyy/mm/do      | 1)               | Application            | #         |             |  |
| Notifier contact in             | formation:       |                        |           |             |  |
| First Name                      | Mid              | ddle Name              | Last Name | e           |  |
| Primary Phone Number            | Ext              | Secondary Phone Number | r Ext     |             |  |
| Fax Number                      |                  | Email address          |           |             |  |
| Professional designation (QP or | P. Eng)          | QP or P. Eng #         |           |             |  |
| Notifier mailing ad             |                  |                        |           |             |  |
| City/Town                       | County           | Province               | Country   | Postal Code |  |
| Preferred Method of Return      | Correspondence?  | Email ( Pap            | er        |             |  |
| Property details/lo             | ocation of activ | ity                    |           |             |  |
| Civic Number                    | Street name a    | Street name and Type   |           |             |  |
| Community                       | County           |                        |           |             |  |
|                                 |                  |                        |           |             |  |

O No

| Property Details:  |            |                                       |                     |                       |            |  |
|--|------------|---------------------------------------|---------------------|-----------------------|------------|--|
| Water Supply:  | $\bigcirc$ | Existing                              | $\bigcirc$          | Proposed              |            |  |
|  | $\bigcirc$ | Other Please sp                       | ecify               |                       |            |  |
| Water Supply Type:   | 0          | Drilled Well<br>Other Please sp       | oecify              | Dug Well              |            |  |
| Development Type:  | 0          | Multiple Dwelling<br>Other Please sp  | oecify              | Residential Single Fa | -          |  |
| Number of Bedrooms:  |            |                                       |                     |                       |            |  |
| System Details:  |            |                                       |                     |                       |            |  |
| Disposal Field Length (m)<br>System Selection or Desi<br>Design Capacity (L/Day)<br>Depth of Soil<br>Type of Permeable Soil, p |            |                                       | O<br>               | Selection             |            |  |
| Depth to Bedrock, Water  | . Table    | e, or too Permeable Soi               | l(m) ○ gre          | ater than 🔵 equal t   | o _        |  |
| Disposal Field Layout:   | 0          | Area Bed, at grade<br>C1<br>C2 Raised | Area Be C1 Raise C3 | •                     | $\bigcirc$ | Area Bed, partially trenched<br>C2<br>Holding Tank |
|  | $\bigcirc$ | Multiple Trench, at gr                | ade                 |                       | $\bigcirc$ | Multiple Trench, fully trenched                    |
|  | $\bigcirc$ | Multiple Trench, parti                | ally trenched       |                       | $\bigcirc$ | Other  |
|  | $\bigcirc$ | Sand Filter                           |                     |                       |            |  |
| Malfunction Replacemer   | nt 🔘       | Yes (Malfunction Ins                  | pection Form        | Required)             | $\bigcirc$ | No   |

All clearance distances required by the Standard will be maintained Yes

## **Supporting Documentation**

All supporting documentation is to be submitted in accordance with the *Approvals and Notification Procedure Regulations*, except for documents required under 24(3)(d) and (e) unless requested by Nova Scotia Environment & Climate Change.

| Attach for A                    | ALL notifications:   |   |  |  |  |  |  |  |  |
|---------------------------------|----------------------|---|--|--|--|--|--|--|--|
| Site Pla                        | slope, locat         | Site plan must include drawing of lot layout illustrating the location of the test pit(s), direction of and % slope, location of structures (proposed or existing), watercourse(s), well(s) and other confining features identified in the Standard including required clearance distances, in relation to the planned system location. |  |  |  |  |  |  |  |
| Malfur                          | nction inspection fo | rm (if system is replacing a malfunction)   |  |  |  |  |  |  |  |
| Name (please print)             |                      | Signature   | Date (yyyy/mm/dd)                                |  |  |  |  |  |  |
|                                 |                      |   |  |  |  |  |  |  |  |
| Declaration                     | ons must be co       | ompleted for each submission  | 1  |  |  |  |  |  |  |
| Please selec                    | t the option that a  | pplies to your situation:   |  |  |  |  |  |  |  |
| I own the sit                   | e 🔘                  |   |  |  |  |  |  |  |  |
| I have a leas<br>activity on th |                      | agreement or option with the landow   | ner or occupier that enables me to carry out the |  |  |  |  |  |  |
| I have the le                   | gal right or ability | to carry out the activity without the co  | onsent of the landowner or occupier.             |  |  |  |  |  |  |
|                                 |                      | ormation I have provided on this form   | •  |  |  |  |  |  |  |
|                                 | •                    | oal government organizations as requi<br>form the activity indicated.   | red for the purpose of                           |  |  |  |  |  |  |
|                                 | •                    | ide all information about the activity,   | • •  |  |  |  |  |  |  |
| calculations                    | , if requested by I  | lova Scotia Environment & Climate Ch  | ange for a compliance audit.                     |  |  |  |  |  |  |
|                                 |                      | ne regulations and standard that appling Nova Scotia Activities Designation I   | •  |  |  |  |  |  |  |
|                                 |                      | on Procedures Regulations.  | negulations, and the Nova                        |  |  |  |  |  |  |
| I will carry o                  | ut the activity in o | ompliance with the Environment Act a  | and the applicable regulations and standard      |  |  |  |  |  |  |
| Signature                       |                      |   |  |  |  |  |  |  |  |
| Name (Pleas                     | e print)             |   |  |  |  |  |  |  |  |