



ENVIRONMENTAL HEALTH SERVICES  
**APPLICATION FOR A PERMIT TO  
 INSTALL A SEWAGE DISPOSAL SYSTEM**

This application must be fully completed prior to being submitted to Environmental Health Services. Failure to do so may result in delays in issuing your permit to install a sewage disposal system.

Property information			
Legal description – Lot # _____ Plan # _____ Subdivision _____			
Municipal address (if known) _____			
<b>Type of premises</b>			
<input type="checkbox"/> Residence – number of bedrooms: _____		<input type="checkbox"/> Work camp – capacity: _____	
<input type="checkbox"/> Business – describe: _____			
<input type="checkbox"/> Other – describe: _____			
Contact information			
Owner’s first name		Last name	
Mailing address			Postal code
Phone		Email	
Contractor’s name		Business name	
Mailing address			Postal code
Phone	Fax	Email	
Sewage system information			
<b>Estimated peak daily sewage flow:</b> _____			
<b>Note:</b> To estimate your daily sewage flow, see “Estimated peak sewage flows per day” table in <i>Design Specifications for Sewage Disposal Systems</i> manual.			
<b>Water source</b>			
<input type="checkbox"/> Well		<input type="checkbox"/> Water holding tank: <input type="checkbox"/> inside <input type="checkbox"/> buried	
<input type="checkbox"/> Surface water		<input type="checkbox"/> Other, describe (e.g., spring): _____	
<b>Type of system (check all that are applicable)</b>			
<input type="checkbox"/> New. Are there existing sewage disposal systems on the property? <input type="checkbox"/> Yes – permit # _____ <input type="checkbox"/> No			
<input type="checkbox"/> Replacement. Complete <i>Notification of Abandonment and Reclamation of a Sewage Disposal System</i> form upon completion of work.			
<input type="checkbox"/> Septic tank		<input type="checkbox"/> Soil absorption system	
<input type="checkbox"/> Sewage holding tank			
<input type="checkbox"/> Other, describe: _____			
<b>If a sewage holding tank is being installed, provide rationale</b>			
<input type="checkbox"/> Soil absorption conditions make the lot unsuitable for a ground absorption system			
<input type="checkbox"/> The location of the absorption field cannot comply with provisions of the regulation			
<input type="checkbox"/> Other, explain: _____			
<b>Proposed date of installation</b> of this sewage disposal system: _____			
Soils investigation(s) and percolation test(s)			
Perform at least 1 soils investigation and 1 percolation test in accordance with <i>Septic Systems in the Yukon: Guidelines for Soils Investigation and Percolation Tests</i> and report the information below. For systems which will receive an estimated daily sewage flow of 2850 liters (625 imperial gallons) or more – equivalent to 5 bedrooms or more, at least 2 soils investigations and 2 percolation tests must be done.			

Soils investigation: Test hole 1		Soils investigation: Test hole 2	
Depth	Description of soil	Depth	Description of soil
0.0m (0'0")		0.0m (0'0")	
0.5m (1'7")		0.5m (1'7")	
1.0m (3'3")		1.0m (3'3")	
1.5m (5'0")		1.5m (5'0")	
2.0m (6'6")		2.0m (6'6")	
2.5m (8'3")		2.5m (8'3")	
3.0m (9'9")		3.0m (9'9")	
3.5m (11'5")		3.5m (11'5")	

There must be at least 1.2 meters (4 feet) of receiving soils below the soil absorption system. The bottom of the soil absorption system must be at least 1.2 meters (4 feet) away from the seasonal high ground water level or an impervious layer of soil or rock (measured from bottom of drain rock or chambers).

Was ground water, a seasonal high ground water level, impervious soil (e.g., blue clay),  Yes  No or bed rock encountered while conducting the soils investigation(s)?

If yes, what was encountered and at what depth: \_\_\_\_\_

#### Percolation test data: Test hole 1

Note: To ensure adequate saturation of soil, you must continue taking readings until 3 consecutive percolation rates vary by no more than 10 %, and use those readings in your table.

Start time	End time	Drop in water level	Percolation rate (min / 25 mm (min / 1"))
		25 mm (1 inch)	/ 25 mm (1 inch)
		25 mm (1 inch)	/ 25 mm (1 inch)
		25 mm (1 inch)	/ 25 mm (1 inch)

#### Percolation test data: Test hole 2

Start time	End time	Drop in water level	Percolation rate (min / 25 mm (min / 1"))
		25 mm (1 inch)	/ 25 mm (1 inch)
		25 mm (1 inch)	/ 25 mm (1 inch)
		25 mm (1 inch)	/ 25 mm (1 inch)

**Average percolation rate:** \_\_\_\_\_ / 25 mm (1 inch)

Depth at which you conducted the percolation test(s): **Test hole 1:** \_\_\_\_\_  
**Test hole 2:** \_\_\_\_\_

**Note:** Percolation tests must be conducted at the depth at which the system will be installed. A soil sample at least 8 cups in volume must be collected at the depth of the proposed absorption system and submitted with your application.

#### Soils investigation(s) and percolation test(s) were performed by:

Name (print): \_\_\_\_\_ Date: **YYYY/MM/DD** \_\_\_\_\_

#### Septic tank or sewage holding tank details

Does tank meet CAN/CSA B-66 standard?  Yes  No

If no, certification equivalency must be confirmed by a qualified engineer.

Manufacturer:		Supplier:	
Material of construction	Total volume	Working volume (does not include siphon/pump chamber)	
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____			

Type of tank:  Trickle  Siphon  Pump-up  Sewage holding tank  
If a pump-up system is to be installed, provide the make and model of the pump:

If 2 or more septic tanks are proposed, provide details:

Proposed depth of soil cover over tank: \_\_\_\_\_

**Notes:** • Trickle tanks are permitted only in special circumstances.

- Tanks with effluent filters are strongly recommended.
- The tank label or marking confirming CSA B-66 certification must be affixed to the tank and visible for the on-site inspection.
- For all pump-up systems and sewage holding tanks, a mandatory high-level alarm and automatic water shut-off must be installed by a qualified electrical contractor or a certified electrician. The contractor or electrician must complete the Electrical Assurance form for the installation.
- If septic tank or sewage holding tank will be subject to buoyancy effects caused by high water table or seasonal flooding, the tank shall be anchored in accordance with the manufacturer's requirements
- If depth of soil cover is less than 1.2m (4ft), septic tanks and sewage holding tanks shall be insulated with a minimum of 50mm (2in) of sprayed on polyurethane insulation over the entire tank.

### Soil absorption system

Soil absorption systems that do not meet the design guidelines outlined in the most current "Design Specifications for Sewage Disposal Systems: A guide to their Design and Maintenance" require design plans which have an engineer's seal before approval will be considered.

All measurements are in (check one):  feet/inches  metres/cm

Proposed depth of distribution pipe or chambers below natural ground level: \_\_\_\_\_

**Soil absorption system will utilize** (check one):

Absorption bed – Dimensions: Length \_\_\_\_\_ x width \_\_\_\_\_ = total area \_\_\_\_\_

Trench(es) – Type:  Wide  Deep  Chambers

Number of trenches \_\_\_\_\_ @ length \_\_\_\_\_ x width \_\_\_\_\_. Reduction factor used for wide trench: \_\_\_\_\_

**Soil absorption system configuration** (check one):

Perforated pipe and drain rock Depth of drain rock below perforated pipe? \_\_\_\_\_

Chambers Make and model of product to be used? \_\_\_\_\_

If the soil absorption system is installed in soils with a percolation rate less than five minutes:

A 0.6 metre (2 foot) sand filter will be installed. A sample of filter sand must be submitted.

Source of filter sand: \_\_\_\_\_

### Proposed system layout

All measurements are in (check one):  feet/inches  metres/cm

Lot dimensions \_\_\_\_\_ x \_\_\_\_\_ Hectares/acres \_\_\_\_\_

**Provide a line drawing on the following page**, or attach separately, which includes the location of the following (check box when completed):

Building(s) to which this sewage disposal system will be connected

Pipe from buildings to tank. (*\*Be advised that there shall be no bends in pipe from building to tank.*)

Locations of test holes used for soils investigations and percolation tests

Water bodies (rivers, streams, lakes, ponds), including seasonal high water mark

Pre-existing or abandoned sewage disposal systems

Septic tank

Lot boundaries

Water wells

Roads and driveways

Stand pipes (clean-outs and monitors)

Soil absorption system (absorption bed or trenches)

Any other buildings or structures

**Setback distances must also be provided, and include those between this sewage disposal system and:**

Any buildings

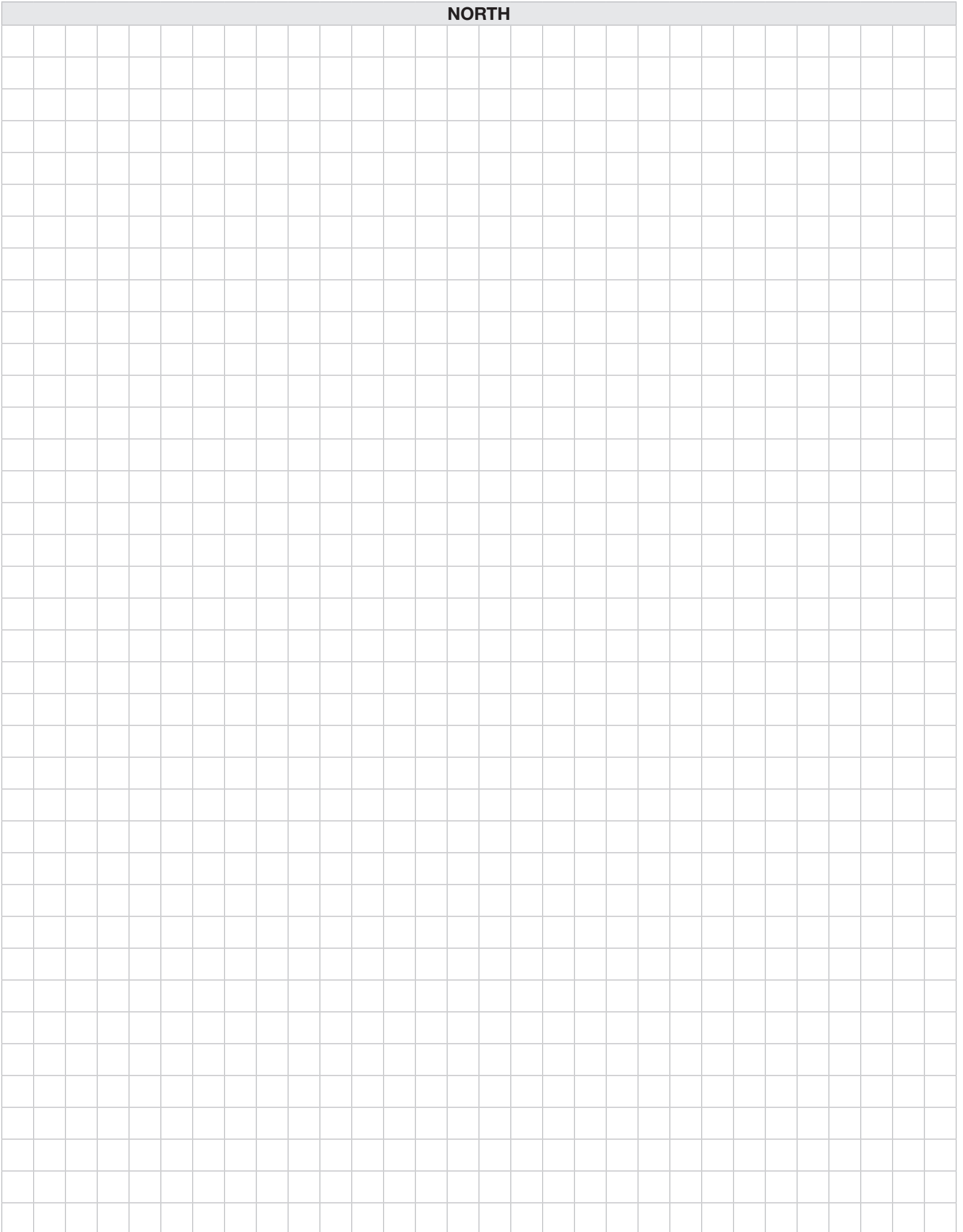
Lot boundaries

Roads and driveways

Water wells and water bodies

Sketch of system layout (see drawing instructions on the previous page)

NORTH



## Declaration

In accordance with the requirements of the *Public Health and Safety Act*, Sewage Disposal Systems Regulation, I hereby apply for a permit to install, repair, or extend a sewage disposal system.

I declare that the information submitted in this application is accurate and meets the requirements of the regulation.

I understand that a health officer has the authority to conduct an inspection of the property where this sewage disposal system will be installed in order to determine compliance with the act and regulation.

I will notify a health officer 72 hours prior to backfilling any portion of this sewage disposal system.

### To be completed by the Property Owner

I declare that my consent to the release of my personal health information listed on this form has been given voluntarily, for the purpose of applying for a sewage disposal system permit.

I understand I may withdraw or limit my consent at any time by contacting [environmental.health@yukon.ca](mailto:environmental.health@yukon.ca) and that without my consent the personal health information can be collected, used or disclosed only in accordance with the Health Information and Privacy Management Act.

### To be completed by the Contractor (if applicable)

I hereby affirm that the Owner has read this declaration and approves my submission of this form on their behalf.

Name of owner or contractor (print)

Signature of owner or contractor

Date

YYYY/MM/DD

Information is collected, used and disclosed in accordance with Yukon's Health Information Privacy and Management Act and other applicable laws. A written statement of Health and Social Services information practices can be viewed at [www.yukon.ca/healthprivacy](http://www.yukon.ca/healthprivacy) or by contacting the department's Privacy Officer at [healthprivacy@yukon.ca](mailto:healthprivacy@yukon.ca).

**Submit this application to:** Environmental Health Services  
#2 Hospital Road, Whitehorse, YT Y1A 3H8  
**Phone:** 867-667-8391 or (toll-free) 1-800-661-0408 ext. 8391  
**Fax:** 867-667-8322  
**Email:** [environmental.health@yukon.ca](mailto:environmental.health@yukon.ca)

### For Environmental Health Services use only

Review date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date received