

**APPLICATION FOR APPROVAL TO USE
 A SEWAGE DISPOSAL SYSTEM**

The purpose of this application is to collect information about Sewage Disposal Systems installed without a permit **after 1999**. If the information provided below, in addition to the required photographic evidence, demonstrates that the Sewage Disposal System meets design specification requirements, the health officer may grant you "Approval to Use" the system. Any systems installed without a permit before 1999 must submit an *Application for Permission to Retain a Sewage Disposal System*.

Applicant's Name _____ Telephone _____

Mailing Address & Postal Code _____

E-mail _____ Fax _____

Property Owner's Name (if different than applicant's) _____

Mailing Address & Postal Code _____

Telephone _____ Fax _____

Installer's Name _____ Telephone _____

Business Name _____

Mailing Address & Postal Code _____

E-mail _____ Fax _____

Legal Description Lot # _____ Plan # _____ Subdivision _____

Municipal Address (if known) _____

Type of premises

Residence, number of bedrooms _____ Work Camp, capacity _____

Business, describe _____

Other, describe _____

Estimated Daily Sewage Flow _____

Note: To estimate your daily sewage flow, see the **Estimated Sewage Flows Per Day** table in *Design Specifications for Sewage Disposal Systems* manual

Water Source Well Water Holding Tank, inside; or buried

Surface Water Other, describe (e.g., spring)

Type of System (check all that are applicable)

New, and if so, are there existing sewage disposal systems on the property
 No; or Yes, provide permit number(s) _____

Replacement, complete *Notification of Abandonment and Reclamation of a Sewage Disposal System* form

Septic Tank Soil Absorption System Sewage Holding Tank

Other, describe _____

Date of installation 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 *Septic Systems in the Yukon: Guidelines for Soils Investigation & Percolation Tests* and report the soil profile below. For systems which will receive an estimated daily sewage flow of 2850 liters (625 imperial gallons) or more, at least two soils investigations and two percolation tests must be done. See *Evidence Requirements for Approval to Use a Sewage Disposal System* to be sure you are collecting the necessary evidence of your soils investigation and percolation tests.

Soils Investigation: test hole 1

Depth	Description of Soil
0.0m (0'0")	
0.5m (1'7")	
1.0m (3'3")	
1.5m (5'0")	
2.0m (6'6")	
2.5m (8'3")	
3.0m (9'9")	
3.5m (11'5")	

Soils Investigation: test hole 2

Depth	Description of Soil
0.0m (0'0")	
0.5m (1'7")	
1.0m (3'3")	
1.5m (5'0")	
2.0m (6'6")	
2.5m (8'3")	
3.0m (9'9")	
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 water table or an impervious layer of soil or rock (measure from bottom of drain rock or chambers).

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

If so, what was encountered and at what depth: _____

Percolation Test Data: test hole 1

Start Time	End Time	Drop in Water Level	Percolation Rate min / 25 mm (min / 1")
1.		25 mm (1 inch)	/ 25 mm (1 inch)
2.		25 mm (1 inch)	/ 25 mm (1 inch)
3.		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")
1.		25 mm (1 inch)	/ 25 mm (1 inch)
2.		25 mm (1 inch)	/ 25 mm (1 inch)
3.		25 mm (1 inch)	/ 25 mm (1 inch)

Average percolation rate: _____ minutes per 25mm (1 inch)

Depth at which you conducted the percolation test(s): Test hole 1 _____; Test hole 2 _____

Soil(s) investigations and percolation test(s) were performed by:

Performed by (please print) _____ Date _____

Septic Tank or Sewage Holding Tank Details

Meets CAN/ CSA B-66?

Yes No, provide documentation with this application

Manufacturer _____ Supplier _____

Material of Construction Fiberglass Other, describe _____

Total Volume _____ Working Volume, does not include siphon / pump chamber _____

If 2 or more septic tanks were used, provide details _____

For Septic Tanks, means of discharging sewage: Trickle Siphon Pump-up

If a pump-up system is installed, provide the make and model of the pump:

For Sewage Holding Tank, the system equipped with:

A high level alarm: Yes No

An automatic water shut-off: Yes No

Soil Absorption System (check one: all measurements are in feet; or meters)

Depth of distribution pipe or chambers below natural ground level: _____

Soil absorption system uses (check one):

Absorption bed; dimensions: length _____; width _____; total area _____

Trench(es): number of trenches _____; length _____; width _____

Soil absorption system configuration (check one):

Perforated Pipe & Drain Rock; depth of drain rock below perforated pipe _____

Chambers; make and model of product used _____

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

A 0.6 meter (2 foot) sand filter was installed

For Environmental Health Services Use Only

Full System Layout (check one: all measurements are in feet; or meters)

Lot Dimensions _____ x _____ Hectares/Acres _____

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

- | | |
|---|--|
| <input type="checkbox"/> building(s) which this sewage disposal system will be connected to; | <input type="checkbox"/> water wells; |
| <input type="checkbox"/> locations of test holes used for soils investigation(s) and percolation test(s); | <input type="checkbox"/> water bodies (rivers, streams, lakes, ponds), including seasonal high water mark; |
| <input type="checkbox"/> septic tank; | <input type="checkbox"/> roads and driveways; |
| <input type="checkbox"/> soil absorption system (absorption bed or trenches); | <input type="checkbox"/> pre-existing or abandoned sewage disposal systems; and |
| <input type="checkbox"/> stand pipes (clean-outs & monitors); | <input type="checkbox"/> any other buildings or structures. |
| <input type="checkbox"/> lot boundaries; | |

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

- | | |
|---|---|
| <input type="checkbox"/> any building(s); | <input type="checkbox"/> roads and driveways; and |
| <input type="checkbox"/> lot boundaries; | <input type="checkbox"/> water wells and water bodies |

Declaration

In accordance with the requirements of the *Public Health & Safety Act, Sewage Disposal Systems Regulation*, I hereby apply for approval to use 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 may 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 declare that the system is functioning as designed and has shown no evidence of malfunction or failure. Upon any evidence of a system malfunction, I will contact Environmental Health Services immediately.

Signature of Owner, Agent or Installer

Date

Name of Owner, Agent or Installer (please print)

Personal information contained on this form is collected under the Public Health and Safety Act and associated Regulations and will be used by Environmental Health Services for research, statistical and enforcement purposes. All collected information will be managed in accordance with the Access to Information and Protection of Privacy Act.

Submit this application to:

Environmental Health Services #2 Hospital Road, Whitehorse, YT Y1A 3H8
Phone: 867.667.8391 or 1.800.661.0408 ext. 8391; Fax: 867.667.8322
Email: environmental.health@gov.yk.ca