

**APPLICATION FOR PERMISSION TO RETAIN  
 A SEWAGE DISPOSAL SYSTEM**

The purpose of this application is to collect information about Sewage Disposal Systems installed without a permit **before 1999**. If the information provided below, in addition to the required photographic evidence, is sufficient to demonstrate that the Sewage Disposal System does not cause a nuisance as described in section 14 of the *Sewage Disposal Systems Regulation*, the health officer may grant you Permission to Retain the system. Any systems installed without a permit after 1999 must submit an *Application for Approval to Use a Sewage Disposal System*.

S 14. "If the sewage disposal system has already been built or installed when this Regulation comes into effect and a permit has not or cannot be issued for it and a health officer is satisfied that the continued operation of the sewage disposal system does not cause a nuisance, the health officer may issue a letter of permission to retain the sewage disposal system". – *Sewage Disposal Systems Regulation* (O.I.C. 1999/82)

**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** (for residences, 570 L (125 imp. gal) per bedroom) \_\_\_\_\_

**Water Source**  Well  Water Holding Tank,  inside; or  buried  
 Surface Water  Other, describe (e.g., spring)

**Type of System (check all that are applicable)**

Septic Tank  Soil Absorption System  Sewage Holding Tank

Other, describe \_\_\_\_\_

**Date of installation of this sewage disposal system** \_\_\_\_\_

**Septic Tank or Sewage Holding Tank Details**

Meets applicable CSA standard?  Yes  No  Don't know

Manufacturer \_\_\_\_\_ Supplier \_\_\_\_\_

Material of Construction  Fiberglass  Other, describe \_\_\_\_\_

Total Volume \_\_\_\_\_ Working Volume, does not include siphon / pump chamber \_\_\_\_\_

If 2 or more septic tanks are being 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

Recent maintenance:  cleaning  education or  emptying of tank:

Date: \_\_\_\_\_ Name of service: \_\_\_\_\_

**In-ground Soil Absorption System**

Type:  Absorption bed  Wide Trench  Deep Trench  Leaching Pit or

Other (describe) \_\_\_\_\_

Provide a sketch of the in-ground soil absorption system, including distances. The following elements must be included:

Septic tank  All runs/trenches (location and length)  Size of field  Depths of all elements indicated



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

Lot Dimensions \_\_\_\_\_ x \_\_\_\_\_ Hectares/Acres \_\_\_\_\_

Provide a line drawing on the previous 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. |

**Photographic Evidence**

Photographic evidence of certain elements of the system is required to prove that the system does not create a nuisance under the Sewage Disposal Systems Regulation. Please ensure that the following photographs have been attached to your application.

- Photograph showing the entire area of the installed system; include reference points in the photos (background should show a building or other landmark);
- Photographs of stand pipes and / or access pipes used for septic tank maintenance;
- Photographs of any water body or water wells on property (showing approximate location of system in relation to water body / well);
- Photograph of test hole dug, with a tape measure clearly depicting the depth of the hole (14ft deep and within 25 ft of absorption system), to verify presence of high water table

**Set-back Distances** (check one: all measurements are in  feet; or  meters)

Distance from septic tank or sewage holding tank to any well (including neighbours) \_\_\_\_\_

or natural water body \_\_\_\_\_

Was there any indication of a high water table encountered in the test hole?

- Yes , indicate depth \_\_\_\_\_ ; or  Not encountered

Distance from in-ground soil absorption system to any well (including neighbours): \_\_\_\_\_

or natural water body \_\_\_\_\_

or community well \_\_\_\_\_

## Declarations

In accordance with the requirements of the *Public Health and Safety Act*, Sewage Disposal Systems Regulation, I hereby apply for permission to retain a sewage disposal system.

I declare that (please check all that are true):

- The set-back distances listed above have been measured and are accurate.
- All sewage disposal systems or drinking water supplies on the property are shown on the layout diagram on page 3.
- All information submitted in this application is accurate.
- All required photographic evidence described above has been collected and attached to this application.
- The sewage disposal system has not shown any signs of failure including, but not limited to: any signs of breakout, horizontal flow, daylighting, or pooling of liquid; excessive vegetation growth and/or odours at the site of the system; or recurrent back-ups.
- I understand that as the owner of this sewage disposal system, I have the transferable responsibility (and associated liability) to notify Environmental Health Services at any sign of failure of the system, including those listed above.
- I understand that upon failure of the system, replacement will be required to meet the current standard, as described in the Sewage Disposal Systems Regulation.
- I understand that the Health Officer has the authority to conduct an inspection of the property where the sewage disposal system was installed in order to determine the accuracy of information provided in this application and if the system is in compliance with the Act and Section 14 of the Sewage Disposal Systems Regulation (OIC 1999/82).

---

*Signature of Owner*

---

*Date*

---

*Name of Owner (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](mailto:environmental.health@gov.yk.ca)