

ONSITE WASTEWATER MANAGEMENT SYSTEMS REGISTRATION FORM

OCCUPANT OF HOME				INSTALLER			
Name: Bob Sample				Name: Jerry Installer			
Address: House 1222				Address: 1112 main st,		Email: Jexcavating@ mymts.net Website:	
City/Town: MB First Nation		Postal Code: R3R 2E2		City/Town: Gilimi		Postal Code: R5R 4T4	
Telephone 431-111-2222	Fax	Cell 431-888-7777	Telephone 204-654-8888	Fax	Cell 431-777-9999		
Legal Description: (Section, Township, Range/Street Address/Lot and Block No., GPS Coordinates) House 1222- MB First Nation GPS ****							

First Nation:

SYSTEM INFORMATION

Dwelling No. Of Bedrooms: **3** No. of Occupants: **4**
 Basement Crawlspace
 Other Specify: _____ Estimated Daily Flow: **330 GALLONS**
 (416 litres or 110 gallons/bedroom/day on average)

SYSTEM TYPE

Community Low Pressure Disposal Field Holding Tank Sand Mound **Attach Worksheet "M" v1:3 Other

TANK DETAILS		TANK DISCHARGE TYPE
CSA Certified <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fibreglass <input checked="" type="checkbox"/> Polyethylene		Gravity <input type="checkbox"/> Pump <input checked="" type="checkbox"/>
Septic Tank 1 st Compartment (volume) 750 GALLONS	Septic Tank 2 nd Compartment (volume) 240 GALLONS	HOLDING TANK (volume) N/A

SOIL CONDITIONS

Depth of Soil to water table/bedrock(m) **10M** Soil Type: **Loamy sand**

DISPOSAL FIELD DETAILS

Total Area: Pipe & Stone Chamber <input type="checkbox"/>	Field Area (m ²)	Volume of graded stone (m ³)	Length of distribution pipe/chamber system (m) 78M
Trench: Pipe & Stone Chamber <input checked="" type="checkbox"/>	Trench Width (cm) 100 CM	Trench Depth (cm) 100CM	
Chamber type: _____		Stone depth below pipe (cm) 45CM	

DISTANCE FROM (metres)	Disposal Field <input type="checkbox"/> To:	Nearest Property Boundary	Well(s) 15m	Watercourse 100m	Water Service Pipe n/a	Cistern N/A
		Cut/Embankment	Habitable Bldg	20M		
	Septic Tank <input checked="" type="checkbox"/> Holding Tank <input type="checkbox"/> To:	Nearest Property Boundary 10M	Well(s) 10M	Watercourse 100M	Cut/Embankment 100M	Habitable Bldg 5M

WATER SUPPLY DETAILS

SOURCE
 Municipal Well Well Depth: _____ (m) Cistern Capacity: _____ (L) NSF/ANSI Certified
 Name of Water Treatment Plant: _____ Buried Above Ground With Shed
 **Note: Do not install drinking water cisterns in crawlspaces within a house.

SITE PLAN

A site plan must be submitted with this registration
 I certify the onsite wastewater management system will be constructed in accordance with the requirements of Manitoba Regulation 83/2003 and as described in the site plan and specifications attached hereto.

March 15, 2024 *Jim Sanders* *Jerry Installer* **0240**
 Date Owner Signature Installer or authorized signature Installer certificate No.

Authorization to cover the disposal system or any part thereof must be obtained from an Environmental Health Officer

FOR DEPARTMENT USE ONLY			
Registration Number:		CMHC Project Number:	
Soil Analysis Required <input type="checkbox"/>	Soil Analysis Received <input type="checkbox"/>	Sand Mound w/s Received <input type="checkbox"/>	As Built: Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration Reviewed and Authorized to Proceed by:		Date:	
System Inspected by:		Date:	
Authorized to Cover by:		Date:	
Comments:			

OWMS (Onsite Waste Management System) SITE PLAN

The site plan **must** include the following information:

- boundary lines,
- location of OWMS (septic tank, holding tank, aerobic treatment unit, disposal field, etc.) and distances to any of the following:
 - buildings(s)
 - well(s)
 - property boundaries
 - water course(s)
 - cut/embankment
 - cisterns(s)

