

ONSITE WASTEWATER MANAGEMENT SYSTEMS REGISTRATION FORM

OCCUPANT OF HOME				INSTALLER					
Name:				Name:					
Address:				Address:		Email: Website:			
City/Town:		Postal Code:		City/Town:		Postal Code:			
Telephone	Fax	Cell		Telephone	Fax	Cell			
Legal Description: (Section, Township, Range/Street Address/Lot and Block No., GPS Coordinates)									
First Nation:									
SYSTEM INFORMATION									
Dwelling <input type="checkbox"/>		No. Of Bedrooms: _____		No. of Occupants: _____					
		Basement <input type="checkbox"/>		Crawlspace <input type="checkbox"/>					
Other <input type="checkbox"/>		Specify: _____		Estimated Daily Flow: _____ (416 litres or 110 gallons/bedroom/day on average)					
SYSTEM TYPE									
Community Low Pressure <input type="checkbox"/> Disposal Field <input type="checkbox"/> Holding Tank <input type="checkbox"/> Sand Mound <input type="checkbox"/> **Attach Worksheet "M" v1.3 Other <input type="checkbox"/> _____									
TANK DETAILS				TANK DISCHARGE TYPE					
CSA Certified <input type="checkbox"/> Concrete <input type="checkbox"/> Fibreglass <input type="checkbox"/> Polyethylene <input type="checkbox"/>				Gravity <input type="checkbox"/> Pump <input type="checkbox"/>					
Septic Tank 1 st Compartment (volume)		Septic Tank 2 nd Compartment (volume)		HOLDING TANK (volume)					
SOIL CONDITIONS									
Depth of Soil to water table/bedrock(m) _____ Soil Type: _____									
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)			
Trench: Pipe & Stone Chamber <input type="checkbox"/>		Trench Width (cm)	Trench Depth (cm)	Stone depth below pipe (cm)					
Chamber type: _____									
DISTANCE FROM (metres)		Disposal Field <input type="checkbox"/> To:		Nearest Property Boundary	Well(s)	Watercourse	Water Service Pipe	Cistern	
				Cut/Embankment	Habitable Bldg				
		Septic Tank Holding Tank <input type="checkbox"/> To:		Nearest Property Boundary	Well(s)	Watercourse	Cut/Embankment	Habitable Bldg	Cistern
WATER SUPPLY DETAILS									
SOURCE									
Municipal <input type="checkbox"/> Well <input type="checkbox"/> Well Depth: _____ (m) Cistern <input type="checkbox"/> Capacity: _____ (L) <input type="checkbox"/> NSF/ANSI Certified									
Name of Water Treatment Plant: _____ <input type="checkbox"/> Buried <input type="checkbox"/> Above Ground With Shed									
**Note: Do not install drinking water cisterns in crawlspaces within a house.									
SITE PLAN									
<u>A site plan must be submitted with this registration</u>									
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.									

_____ 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:			

