

**ONSITE WASTEWATER MANAGEMENT SYSTEMS  
REGULATION**



**Application to register - flow less than 10,000 litres per day**

<b>APPLICANT'S NAME</b>		
Mailing Address		
City/Town		Postal Code
Telephone (204)	Fax (204)	Cell (204)
<b>INSTALLER'S NAME</b>		
Mailing Address		
City/Town		Postal Code
Telephone (204)	Fax (204)	Cell (204)

**Legal Description** (Section, Township, Range/Street Address/Lot and Plan No.)

**Municipality**

<b>System to Serve:</b> Dwelling <input type="checkbox"/> No. of Bedrooms _____		Other <input type="checkbox"/> specify _____	
Dimensions of Lot: _____		Estimated Daily Flow: _____	
<b>Type of System:</b> Disposal Field <input type="checkbox"/> Ejector <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other <input type="checkbox"/> _____			
<b>Tank Details:</b> CSA Certified <input type="checkbox"/>		Type: Concrete <input type="checkbox"/> Fibreglass <input type="checkbox"/> Polyethylene <input type="checkbox"/>	
1 <sup>st</sup> Compartment (volume)	2 <sup>nd</sup> Compartment (volume)	Holding Tank (volume)	
<b>Soil Conditions:</b> Depth of Soil to water table/bedrock(m) _____		Coarse Sand to Silty Loam <input type="checkbox"/>	Clay Loam <input type="checkbox"/> Clay <input type="checkbox"/>
<b>Disposal Field Details:</b>	Total Area <input type="checkbox"/>	Field Area (m <sup>2</sup> )	Volume of graded stone (m <sup>3</sup> )
	Trench <input type="checkbox"/>	Trench Width (cm)	Stone depth below pipe (cm)
	Other <input type="checkbox"/>		Length of distribution pipe/chamber system (m)
<b>Distance from: (metres)</b>	Disposal Field <input type="checkbox"/>	To: Nearest Property Boundary Cut/Embankment	Well(s)
	Sewage Ejector <input type="checkbox"/>		Habitable Bldg
			Watercourse
			Water Service Pipe
			City/Town/Village (ejector only)

**A site plan must be submitted with this application**

Validation Stamp

**I certify the onsite wastewater management system will be constructed in accordance with the requirements of M.R. 83/2003 and as described in the site plan and specifications attached hereto.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Owner

(Installer or authorized signature) (Installer Certificate No.)

- Registration Fee plus 5% GST: GST Registration No. R107863847
- Holding Tank (3-20-1) \$50.00 + \$2.50 = \$52.50
  - Disposal Field (3-20-2) \$100.00 + \$5.00 = \$105.00
  - Sewage Ejector (3-20-3) \$150.00 + \$7.50 = \$157.50
  - Septic Tank Replacement (3-20-4) \$50.00 + \$2.50 = \$52.50
  - Single-Family Treatment Plant (3-20-5) \$250. + \$12.50 = \$262.50
  - Holding Tank & Greywater Disposal Field (3-20-6) \$100.00 + \$5.00 = \$105.00
- Cheque payable to Minister of Finance

**Authorization to cover the disposal system or any part thereof must be obtained from an Environment Officer.**

<b>FOR DEPARTMENT USE ONLY</b>				
<b>Registration Number:</b>				
Soil Analysis Required <input type="checkbox"/>	Soil Analysis Received <input type="checkbox"/>	Percolation test Required <input type="checkbox"/>	Percolation test Received <input type="checkbox"/>	Other requirements
Registration Reviewed and Authorized to Proceed by:			EO No.:	Date:
System Inspected by:			Date:	
Authorized to Cover by:			Date:	
Comments:				
Latitude		Longitude		

Personal information is collected under the authority of *The Environment Act*, the *Onsite Wastewater Management Systems Regulation* and will be used for administration and enforcement purposes. Information collected is protected by the privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions, contact the Access & Privacy Coordinator, Box 85, 200 Saulteaux Crescent., Winnipeg MB R3J 3W3; 1-204-945-4170.

