Webb, Bruce (CC)

From:

Gisele Turenne <gturenne@mymts.net>
February-17-21 4:21 PM
Webb, Bruce (CC)
Field Applications for Wild Oaks Campground
Map.pdf; Field #2.pdf; Field #1.pdf

Sent:

To:

Subject:

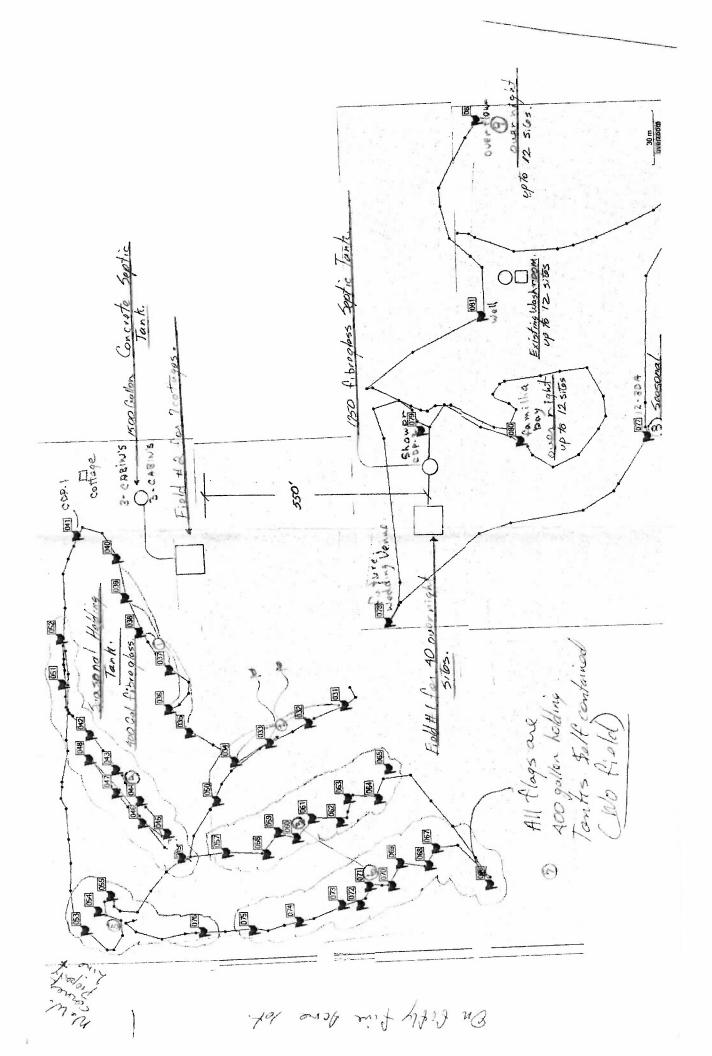
Attachments:

from Raymond & Gisele Turenne Wild Oaks Campground 1-204-422-6175

Notice of Alteration Form



Client File No.: 5904,00	Environm	ent Act Licence No.: 33157		
Legal name of the Licencee: Wild Dans Campground				
Name of the development:	The state of the s			
Category and Type of development	per Classes of Deve	lopment Regulation:		
<select></select>		<select></select>		
Licencee Contact Person:				
Mailing address of the Licencee:	BOX 17 T.	R # 1		
City: Richer	Province:	MB Postal Code: ROE-150		
Phone Number: 204-432-6175	Fax:	Email: g turence @ nyats. net		
Name of proponent contact persor	for purposes of the	environmental assessment (e.g. consultant):		
Raymond or	Gisele Tu	1 e me		
Raymond or Phone: Jan 422 6175	Mailingad	dress:		
Fax:		7 R. R # 1 Richer M ROE-110		
Email address: gturenne @				
Adding Holding + Septic Tanks and Disposal Fields on to the License to service new overnight sites, cabins and shown house Alteration fee attached: Yes: No: X If No, please explain: Mailing a check in the amount of 4500,00				
Date: April 7/2001	Signature: Printedname:	Raymond Turane		
A complete Notice of Alteration (Notice of Alteration (Notice of Alteration Form 2 hard copies and 1 electron the NoA detailed report (see Bulletin - Alteration to Devewith Environment Act Licence \$500 Application fee, if appayable to the Minister of Form 1.	ents: onic copy of "Information elopments ces") oplicable (Cheque, inance)	Submit the complete NoA to: Director Environmental Approvals Branch Manitoba Sustainable Development 1007 Century Street Winnipeg, Manitoba R3H 0W4 For more information: Phone: (204) 945-8321 Fax: (204) 945-5229 http://www.gov.mb.ca/sd/eal		
Note: Per Section 14(3) of the I submission of an Environment	Environment Act, I t Act Proposal For	Major Notices of Alteration must be filed through m (see "Information Bulletin – Environment Act		



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Application to Register a Disposal Field Onsite Wastewater Management System Onsite Wastewater Management Systems Regulation (MR 83/2003) Flows less than 2,200 gallons per day - This form is in imperial units

Section 1: General Information

OWMS Registration Form, Revised June 2017

This form is available in alternative formats, upon request.

Page 1 of 6

1(A) Property Owner and Property In	formation		***************************************
Firstname	Last name		
Say monch Company/organization	LUV	enne.	
Company/organization	1		
Wild Paks Cam	paround.		
Legal description (section, township, range/lot, bloom	ck, plan/river lot)	Municipality	
NE /4-20-8-8E		St. Ann	0.
D - OO	City/town	Province	Postal code
Box /7 RP/ Mailing address (if different than above)	Kicker	MB	DOF ISO
			FOE DO
BOX 17 RRI			
Home/business Cell	Email		P
204-422-6175 204-801-7	9518 gtur.	onroll my	mts.nex.
Lot size (acres): 55 Ac Fe Lot d Are there any restrictive covenants/easements regions Management system? Ves No. 15 years described.	imensions (ff):	milex	
Are there any restrictive covenants/easements region	stered on the land title that will	impact the location of the	a onsite wastewater
management system? Yes No If yes, desc	cribe below (e.g., hydro right	of way) and attach a con-	of the document(s):
		y with allacin a out	of the document(s).
This onsite wastewater management system will be	installed by Our Market		
1(B) Certified Installer Information	installed by: Certified Insta	aller Property own	ner
First name	Last name		
Donald	Vincen	T	
Company name (if applicable)	Installe		ificate expiry date
DON Vincent			. Oc. care
Mailing address	UWI	ns 0249 ap	il 28, 2025
Box 1030 Ste ANNE	MB RSHI		
/ / / /	Email		
	580 dsvincen	13 @Hot Mai	1.00 m
1(C) Type of Registration			-1100 111
New construction Modification Repla	cement Expansion	For modification, ren	acement or expansion,
please briefly describe the proposed work:		Topi	expansion,
with a start describe the proposed work.			
			armately
This application is the state of the state o			
This application is valid for a period of one unformation submitted is incomplete or incorre	ear from the date that "A	uthorization to Procee	d" is granted. If the
juality, the application may be deleved returned	or minuted appointing and	umentation and/or the	site plan are of poor
reisonal information is collected under the aut	baries of The Fair	Act and the Onsite Wa	stewater Management
Systems Regulation (MR 83/2003) and will be collected is protected by the privacy provisions (used only for administration the Freedom of Information	on and enforcement p	urposes. Information
, , , , , , , , , , , , , , , , , , , ,	er error reservoir or intolmatio	n and Protection of Priv	/acy Act.

Section 2: Building/Facility Information

2(A) Type of Building/Facility				
Seasonal cottage [7]				
Total number of bedrooms: Will/does the building have a basement? Yes No				
Note: Total number of bedrooms includes bedrooms that will be added in the future.				
Commercial/Industrial/Institutional Please describe (e.g., restaurant):				
Number of customers/seats/beds/units:				
Recreational Please describe (e.g., campground, lodge): CAMPGROUND				
No. of campsites/RV sites: Seasonal X Year-round				
Work camp No. of employees: Duration of operation (months/years):				
2(B) Source of Drinking Water Supply				
Drilled well				
Dug well Municipal water supply Cistern Surface water body				
Section 3: Soil and Site Conditions				
Site Evaluation Information ** Please attach the lab report for soil particle size analysis.				
Number of soil test pits or auger boreholes: Depth of test hole(s) (ft):				
Soil texture classification (e.g., sandy loam): Sanov Lam Slope in disposal field area (%): 8%				
Depth from ground surface to: Restrictive layer (e.g., > 60% clay or cemented layer) (ft):				
Bedrock (ft) Normal high water table (ft):				
Has fill material been placed in the location of the proposed disposal field?: Yes No				
Note: Fill material in this section refers to spil that has been placed on the property to improve draining and/or to improve dra				
elevation for flood protection.				
Section 4: Onsite Wastewater Management System Specifications				
4(A) Type of Onsite Wastewater Management System				
Septic tank/disposal field Secondary treatment system Greywater management system				
4(B) Estimated Daily Sewage Flow				
Estimated daily sewage flow (gallons per day): 1600 GA ** See tables in Supplementary Information.				
** If flow monitoring data is being used to determine the estimated daily sewage flow, please attach flow monitoring data.				

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4(C) Septic/Pump Tank Details (See Sections 1(1), 1(2) and 1(3) in Schedule A in MR 83/2003)	
Septic tank Tank construction material: Concrete Fiberglass Polyethylene	
1st compartment (gallons): 1281 gal 2nd compartment (gallons): 90 gal.	
GPS location of proposed septic tank (if available) Latitude: Longitude: Creywater management system (if applicable) n addition to the septic tank information provided for managing greywater	ar
please complete the holding tank information below for managing toilet waste:	cı,
Holding tank Volume (gallons): Concrete Fiberglass Polyethylene	
Is the tank CSA B66 certified? Yes No Make and model no.:	
Are low-flow water closets (less than one gallon per flush) to be used to service the building? Yes No	
** The building perimeter drain (weeping tile) and sump pump are not to be connected to any componen	t of
the Onsite Wastewater Management System. 4(D) Disposal Field System Details (See Schedule A in MR 83/2003 and Supplementary Information)	
Soil application rate (from soil texture classification): Sandy Learn (gallons/ft²/day) 0.45	
· ·	
GPS location of proposed disposal field (if available) Latitude: Longitude: Please complete Section (1), (2) or (3) below:	
(1) Trenches: Traditional subsurface trenches Modified trenche (e.g., shallow placement, sand-lined trenches)	
(e.g., shallow placement, sand-lined trenches)	
Graded stone trenches Trench depth (ft): Trench width (ft): Number of trenches:	
Trench spacing (measured from trench sidewalls) (ft): Total length of distribution pipe (ft):	
Pipe diameter (in): Stone depth below distribution pipes (in): Stone depth above distribution pipes (in):	
Effluent chamber trenches Make and model no. Quick 4 Equalizer	
Chamber width (in): 3611 Trench depth (ff): 1611 Total length of effluent chambers (ff): 104	1
Number of trenches: \3 Trench spacing (measured from trench sidewalls) (ft):	
Will the trenches be lined with sand fill? Yes No V Type of sand fill: ASTM C33 sand loamy sand	
Depth of sand fill below graded stone/chambers (in): ** Please attach ASTM C33 Sand Analysis Re	port.
(2) Total Area Fields (TAF) Field area (ft²) Volume of stone (vd³)	
Subsurface TAF	
Modified TAF	
Above ground TAF	
Bottom dimensions of TAF (length and width or diameter) (ft):	
Total length of distribution pipe (ft): Number of distribution pipes: Pipe diameter (in):	
Depth of stone below distribution pipes (in): Depth of stone above distribution pipes (in):	
For modified and above ground TAF: ** Please attach ASTM C33 Sand Analysis R	eport.
Depth of ASTM C33 sand below graded stone (in): Volume of ASTM C33 sand (yd³):	·
Sa	ve

			www.		
(3) Sand Treatment Mounds					
Sand mound infiltration system: (select	graded stone or eff	uent chambers)			
Graded stone		Effluent chambers	Chamber width (in):		
Stone depth of below distribution pipes (in)):	Total length of efflue	nt chambers (ft):		
Stone depth above distribution pipes (in):		Make and model no.	:		
Sand fill specifications: Depth of AST	TM C33 sand below	graded stone/chambe	rs (in):		
Depth of loamy sand fill (if applicable):	(in) Tol	al depth of sand layer	(ASTM C33 + foamy sand):(in)		
** Please attach the Sand Mound Design distribution system information in Secti	n Worksheet, ASTN ion 4(E).	C33 Sand Analysis	Report and complete the pressure		
4(E) Disposal Field Distribution	System Details	S			
Wastewater effluent will be delivered to the	e disposal field by: 0	Fravity Pump	X		
Wastewater effluent will be distributed by:	Distribution box	Header pipe	or Pressure distribution system		
For Pressure Distribution Systems, plea	ase complete the in	formation below:			
	ength of each latera	1 1	Lateral spacing (ft):		
Lateral diameter (in):			Discharge hole spacing (ft):		
Residual pressure head (squirt height) (ft):		ype of manifold: (Central 📉 End		
Manifold diameter (in): 1/4"			_		
4(F) Vertical Separation Distant	ce (To be comp	leted for all disp	osal field systems)		
The vertical distance measured from the bottable will be (ft):	ottorn of the graded	stone/chambers to a	restrictive layer, bedrock, or normal high water		
4(G) Secondary Treatment Syst	tem Details				
System type: Aerobic treatment unit	Biofiltration	system (Combined treatment/dispersal system		
Make and model no.:	Make and model no.: Treatment capacity (gal/day):				
** Please attach the Homeowner Service Agreement and design worksheets (if applicable).					
Section 5: Setback Distances					
Horizontal Set-Back Distances (i	in feet) (See Secti Distance from septi)(c) in Schedule A in MR 83/2003)		
	secondary treatmen		Distance from disposal field to:		
7.00	800 from	North line	800° from Dorthino		
Residence/building with or without basement					
Nearest well or cistern	500'		500'		
Watercourse, excluding a ditch					
Cut/embankment					
Swimming paol	1/4 mile		1/4 mile.		
Water service pipe	N	/A			

Section 6: Registration Fees and Supporting Documentation

Full name (please print clearly): Down A							
Secondary treatment system (6-20-5) \$250.00 + \$12.50 = \$262.50	6(A) Reg	istration Fees				······································	, , , , , , , , , , , , , , , , , , , ,
Secondary treatment system (B-20-5) \$250.00 + \$12.50 = \$262.50	Septic tank	/disposal field (B-20-2) \$100.00 + \$5.00 = \$105.00		** 50	on include	en aintentin	- f : 50 ODT
Holding tank & greywater disposal field (B-20-6) \$100 + \$5 = \$105	Secondary treatment evetern (R 20.5) \$250.00 : \$12.50 - \$252.50				•		
Property Information: Covenant/essement	Holding tan	k & greywater disposal field (B-20-6) \$100 + \$5 = \$105			_		
Disposal Field Information: Soil Particle Size Lab Analysis Report Sand Mound Design Worksheet ASTM C33 Sand Analysis Report Secondary Treatment System Information: Treatment/Disposal System Design worksheets Estimated Daily Sewage Flow Information: Water use and/or sewage flow monitoring data Date: Jac. 13 Autkorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make the property owner is full consent: Date: Jac. 13 Autkorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make the property owner is full consent: Date: Jac. 13 Autkorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make the property owner is full consent: Date: Jac. 13 Autkorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make the property owner is full consent: Date: Jac. 13 Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make the property owner is full consent: Date: Jac. 13 Authorized representative: If you are a Certified Installer or other authorized that the ensite wastewater management system will be installed in accordance with the Onsite Wastewater Management Systems Regulation (MR 83/20 Supplementary Information (2010), and the attached documents. I acknowledge that the installation cannot proceed up have received "Authorization to Proceed" from an environment Officer. Environment Officer Authorization Registration reviewed and authorized to proceed by: Date: EO number: System inspected by: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: Date: EO number: EO number:	6(B) Sup	porting Documentation - Please attach all	applicable	docum	entation	1	
Soil Particle Size Lab Analysis Report Secondary Treatment System Information: Treatment/Disposal System Design worksheets Homeowner service contract agreement Section 7: Applicant Declaration Date: July 13 Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make below to certify that you are acting with the property owner's full consent. Date: July 13 Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you make below to certify that you are acting with the property owner's full consent. Date: July 13 Authorized to property owner's full consent. Date: July 13 Authorized to property owner, you make below to certify that the Information contained in this application is correct and that the onsite wastewater management systems Regulation (MR 33/20 Bupplementary Information (2010), and the attached documents. I acknowledge that the installation cannot proceed unthave received "Authorization to Proceed" from an environment officer. Environment Officer Authorization Registration reviewed and authorized to proceed by: Date: EO number: System inspected by: Date: Authorized to cover by: Date: For Internal Office Use Only Property is located in Nutrient Management Zone N4: Yes No Date: Property is located in the Red River Designated Area: Yes No Date: Septic tank/secondary treatment system: Disposal field: Lat: Long: Long: Civil Address / Legal Description: Date: Lat: Long: Civil Address / Legal Description:		nformation: Covenant/easement Note: Subm	ission of a la	nd title se	arch and/	or legal su	rvey plan may be
Secondary Treatment System Information: Treatment/Disposal System Design worksheets	Disposal F	ield Information:	****			***************************************	
Treatment/Disposal System Design worksheets	Soil Particle	Size Lab Analysis Report Sand Mound Design	Worksheet	AST	M C33 Sa	nd Analysis	Report
Section 7: Applicant Declaration Date:	Secondary	Treatment System Information:					
Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you might below to certify that you are acting with the property owner's full consent: Date:	Treatment/	Disposal System Design worksheets Homeowne	r service contra	act agreen	nent		
Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you might below to certify that you are acting with the property owner's full consent: Date: Date	Estimated	Daily Sewage Flow Information: Water use and/or	sewage flow m	onitoring	data		
Signature: Signature: Date: Dat	Section 1	7: Applicant Declaration		****	C	Date: Jan	c 23 202,
Signature: Signature: Date: Dat						0	,
I hereby certify that the information contained in this application is correct and that the onsite wastewater managem system will be installed in accordance with the Onsite Wastewater Management Systems Regulation (MR 83/20 Supplementary Information (2010), and the attached documents. I acknowledge that the installation cannot proceed unlaw received "Authorization to Proceed" from an environment officer. Environment Officer Authorization Environment Officer Authorization	sign below to certify that you are acting with the property owner's full consent: Date: 23 202/						
Registration reviewed and authorized to proceed by: Date:	I hereby c system w Suppleme	ertify that the information contained in this application in the installed in accordance with the Onsite Wantary Information (2010), and the attached documents	stewater Man	agement	Systems	Regulation	on /MR 83/2003)
System inspected by: Date: Authorized to cover by: Date:		Environment Office	r Authoriz	ation		······································	
For Internal Office Use Only Property is located in Nutrient Management Zone N4:	Registration	n reviewed and authorized to proceed by:	Da	te:		EO numbe	er.
Property is located in Nutrient Management Zone N4:	System ins	pected by: Date:	Authorized to c	over by:			Date:
Property is located in Nutrient Management Zone N4: Yes No PAID: Property is located in the Red River Designated Area: Yes No Date: Property is located in: Provincial park Crown land sensitive area Amount: Variance requested: Yes No Rec'd by: Date variance approved: MRC #: Is the property serviceable by a municipal wastewater collection system? Yes No Septic tank/secondary treatment system: Disposal field: GPS info Lat: Long: Lat: Long: Civil Address / Legal Description: OWMS Registration Form, Revised June 2017 Print Clear Form Save							
Property is located in Nutrient Management Zone N4:		For Internal Off	ce Use On	lv			
Property is located in the Red River Designated Area:	Property is			1			V
Variance requested: Yes No Rec'd by: Date variance approved: Is the property serviceable by a municipal wastewater collection system? Yes No Septic tank/secondary treatment system: Disposal field: Lat: Long: Civil Address / Legal Description: Disposal field: Print Clear Form Save							
Date variance approved: Is the property serviceable by a municipal wastewater collection system? Yes No Septic tank/secondary treatment system: Disposal field: Lat: Long: Lat: Long: Civil Address / Legal Description: Disposal field: Print Clear Form Save							
Is the property serviceable by a municipal wastewater collection system? Yes No Septic tank/secondary treatment system: Disposal field: Lat: Long: Lat: Long: Civil Address / Legal Description: Disposal field: Print Clear Form Save							
Septic tank/secondary treatment system: Disposal field: Lat: Long: Lat; Long: Civil Address / Legal Description: Disposal field: Print Clear Form Save	Date variance approved: MRO #:						
GPS info Lat: Long: Civil Address / Legal Description: OWMS Registration Form, Revised June 2017 Print Clear Form Save	Is the property serviceable by a municipal wastewater collection system? Yes \(\square\) No \(\square\)						
Lat: Long: Lat: Long: Civil Address / Legal Description: OWMS Registration Form, Revised June 2017 Print Clear Form Save			eld:	***************************************			
OWMS Registration Form, Revised June 2017 Print Clear Form Save	Lat: Long: Lat:			t; Long:			
	Civil Addres	ss / Legal Description:		-			
1 due o di o	OWMS Re	gistration Form, Revised June 2017	Pri	nt	Clea	r Form	Save



REField#2

Jan d 1/21 \$105.00 UC 95661

CSB - SAINTE-ANNE BSC - STE. ANNE 95061 C#194794

Application to Register a Disposal Field Onsite Wastewater Management System Onsite Wastewater Management Systems Regulation (MR 83/2003) Flows less than 2,200 gallons per day - This form is in imperial units

Section 1: General Information

First name	Last_name
Kaymond	I vrenne.
Company/organization	
Legal description (section, township, range/lot, block, pl	9100 nd
Legal description (section, township, range/lot, block, pl	an/river lot) Municipality
20-8-8E	St. Anne.
Civic address	City/town Province Postal code
Box 17 KRI	City/town Province Postal code Rocker MB ROt
Mailing address (if different than above)	
Home/business Cell	Email
422-6175 204-801-95	18 gturenne @ my mts ne
Lot size (acres): 55 Acres Lot dimen	
Are there any restrictive covenants/easements registere	d on the land title that will impact the location of the onsite wastewater
management system? Yes X No If yes, describe	below (e.g., hydro right of way) and attach a copy of the document(s)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
This analysis and the second s	
This onsite wastewater management system will be inst	alled by: Certified Installer Property owner
1(B) Certified Installer Information First name	Last name
Company name (if applicable)	Installer certificate no. Certificate expiry date
Don Vincent	Total on the same
Mailing address	Owns 0249 april 28,202
ROMAR STORMER	DEH-ICI
Home/business Cell	R5H-ICI
FAX 204422 6316 204346 35	the state of the s
1(C) Type of Registration	801 93 tille Citt De Holfmal L. Col
M	
New construction Modification Replacem	nent Expansion For modification, replacement or expansi
please briefly describe the proposed work:	
This application is valid for a sector of	
into application is valid for a period of one year	r from the date that "Authorization to Proceed" is granted. If or if the supporting documentation and/or the site plan are of
monthanon amplifica is incomplete of incollect	The Art of
quality, the application may be delayed, returned or	rejected.
quality, the application may be delayed, returned or Personal information is collected under the author	rejected. ity of The Environment Act and the Onsite Wastewater Manager ed only for administration and enforcement purposes. Informa

This form is available in alternative formats, upon request.

Save

Section 2: Building/Facility Information

2(A) Type of Building/Facility			
Single family residence Multiple family residence Number of units: Seasonal cottage			
Total number of bedrooms: Will/does the building have a basement? Yes No			
Note: Total number of bedrooms includes bedrooms that will be added in the future.			
Commercial/Industrial/Institutional Please describe (e.g., restaurant):			
Number of customers/seats/beds/units:			
Recreational Please describe (e.g., campground, lodge): <u>CAMOGROUND</u> .			
No. of campsites/RV sites: 7 Cottages Seasonal Year-round			
Work camp No. of employees: Duration of operation (months/years):			
2(B) Source of Drinking Water Supply			
Drilled well Is the well cased to a minimum depth of 20 feet? Yes No			
Dug well Municipal water supply Cistern Surface water body			
Section 3: Soil and Site Conditions			
Site Evaluation Information ** Please attach the lab report for soil particle size analysis.			
Number of soil test pits or auger boreholes: 2 Depth of test hole(s) (ft): 8			
Soil texture classification (e.g., sandy loam): SPN WWW. Slope in disposal field area (%):			
Depth from ground surface to: Restrictive layer (e.g., > 60% clay or cemented layer) (ft):			
Bedrock (ft) Normal high water table (ft): 10 1			
Has fill material been placed in the location of the proposed disposal field?: Yes No			
If yes, what is the depth of fill material (ft): Type of fill material (e.g., sand, clay):			
Note: Fill material in this section refers to soil that has been placed on the property to improve drainage and/or to raise ground elevation for flood protection.			
Section 4: Onsite Wastewater Management System Specifications			
OCCUPILAT ORGINA TRACESTANT INCINISTRATION OF COMMENCEMENT			
4(A) Type of Onsite Wastewater Management System			
Septic tank/disposal field Secondary treatment system Greywater management system			
4(B) Estimated Daily Sewage Flow			
Estimated daily sewage flow (gallons per day): 3+3 gal ** See tables in Supplementary Information.			
** If flow monitoring data is being used to determine the estimated dally sewage flow, please attach flow monitoring data.			

4(C) Septic/Pump Tank Details (See Sections 1(1), 1(2) and 1(3) in Schedule A in MR 83/2003)				
Septio tank Tank construction material: Concrete Fiberglass Polyethylene				
1st compartment (gallons): 4546 LTK5 2nd compartment (gallons): 2773 Ltres.				
Is the tank CSA B66 certified? Yes No Make and model no.: Duracov St 1500				
GPS location of proposed septic tank (if available) Latitude: Longitude:				
Greywater management system (if applicable)n addition to the septic tank information provided for managing greywater, please complete the holding tank information below for managing toilet waste:				
Holding tank Volume (gallons): Concrete Fiberglass Polyethylene				
Is the tank CSA B66 certified? Yes No Make and model no.:				
Are low-flow water closets (less than one gallon per flush) to be used to service the building? Yes X No				
** The building perimeter drain (weeping tile) and sump pump are <u>not</u> to be connected to any component of the Onsite Wastewater Management System.				
4(D) Disposal Field System Details (See Schedule A in MR 83/2003 and Supplementary Information)				
Soil application rate (from soil texture classification): PANDy Loam (gallons/ft²/day) 0.45				
GPS location of proposed disposal field (if available) Latitude: Longitude:				
Please complete Section (1), (2) or (3) below:				
(1) Trenches: Traditional subsurface trenches Modified trenche (e.g., shallow placement, sand-lined trenches)				
Graded stone trenches Trench depth (ft): Trench width (ft): Number of trenches:				
Trench spacing (measured from trench sidewalls) (ft): Total length of distribution pipe (ft):				
Pipe diameter (in): Stone depth below distribution pipes (in): Stone depth above distribution pipes (in):				
Effluent chamber trenches Make and model no. Quick 4 Equalizer 036				
Chamber width (in):36 Trench depth (ft):18 Total length of effluent chambers (ft):70				
Number of trenches: Trench spacing (measured from trench sidewalls) (ft):				
Will the trenches be lined with sand fill? Yes No Type of sand fill: ASTM C33 sand loamy sand				
Depth of sand fill below graded stone/chambers (in): ** Please attach ASTM C33 Sand Analysis Report.				
(2) Total Area Fields (TAF) Field area (ft ²) Volume of stone (yd ³)				
Subsurface TAF				
Modified TAF				
Above ground TAF				
Bottom dimensions of TAF (length and width or diameter) (ft):				
Total length of distribution pipe (ft): Number of distribution pipes: Pipe diameter (in):				
Depth of stone below distribution pipes (in): Depth of stone above distribution pipes (in):				
For modified and above ground TAF: ** Please attach ASTM C33 Sand Analysis Report.				
Depth of ASTM C33 sand below graded stone (in): Volume of ASTM C33 sand (yd³):				

(3) Sand Treatment Mounds					
Sand mound infiltration system: (set	lect graded stone or eff	luent chambers)			
Graded stone Effluent chambers Chamber width (in):					
Stone depth of below distribution pipes	(in):	Total length of efflue	ent chambers (ft):		
Stone depth above distribution pipes (in)):	Make and model no	.:		
Sand fill specifications: Depth of	ASTM C33 sand below	graded stone/chamb	ers (in):		
Depth of loamy sand fill (if applicable):	(in) To	tal depth of sand laye	er (ASTM C33 + loamy sand):(in)		
** Please attach the Sand Mound Des distribution system Information in Se	sign Worksheet, ASTI	M C33 Sand Analysis	Report and complete the pressure		
4(E) Disposal Field Distribution		S			
Wastewater effluent will be delivered to		<u>- 11</u>	X		
Wastewater effluent will be distributed b		· · ·	or Pressure distribution system		
For Pressure Distribution Systems, p					
Number of laterals:	-		Lateral spacing (ft):		
Lateral diameter (in): 1/4			Discharge hole spacing (ft):		
Residual pressure head (squirt height) (ft): <u>3 </u>	Type of manifold:	Central End		
Manifold diameter (in): 14					
4(F) Vertical Separation Dist	ance (To be comp	pleted for all disp	posal field systems)		
The vertical distance measured from the table will be (ft):	bottom of the graded	stone/chambers to a	restrictive layer, bedrock, or normal high water		
4(G) Secondary Treatment Sy	stem Details				
System type: Aerobic treatment unit	Biofiltration	system	Combined treatment/dispersal system		
Make and model no.:			Treatment capacity (gal/day):		
** Please attach the Homeowner Service Agreement and design worksheets (if applicable).					
Section 5: Setback Distances					
Horizontal Set-Back Distances (in feet) (See Sections 1(1)(e) and 2(2)(c) in Schedule A in MR 83/2003) Setherik feeting					
Setback feature	secondary treatmer		Distance from disposal field to:		
Nearest property boundary	200 au	ay from	200 away from		
Residence/building with or without basement	NOITE /in	2	Worth Inol		
Nearest well or cistern	800' Awa	ry.	700'away.		
Watercourse, excluding a ditch					
Cut/embankment Cut/embankment					
Swimming pool	1/4 mil	o away	14 Mil twey		
Water service pipe	N	TA			

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Section 6: Registration Fees and Supporting Documentation

6(A) Registration Fees				
Septic tank/disposal field (B-20-2) \$100.00 + \$5.00 = \$105.00	3	** Fees include registration fee + 5% GST		
Secondary treatment system (B-20-5) \$250.00 + \$12.50 = \$262.5	50	GST registration no. R107863847.		
Holding tank & greywater disposal field (B-20-6) \$100 + \$5 = \$105	5	Make cheque payable to "Minister of Finance		
6(B) Supporting Documentation - Please attach	all applicable	documentation		
Property information: Covenant/easement Note: Su requested.	bmission of a lan-	d title search and/or legal survey plan may b		
Disposal Field Information:				
Soil Particle Size Lab Analysis Report	ign Worksheet	ASTM C33 Sand Analysis Report		
Secondary Treatment System Information:				
Treatment/Disposal System Design worksheets Homeow	ner service contra	ct agreement		
Estimated Daily Sewage Flow Information: Water use and	or sewage flow mo	onitoring data		
Section 7: Applicant Declaration				
Property owner's signature (required)		Date: 100 25 202		
	***	7		
Authorized representative: If you are a Certified Installer or other sign below to certify that you are acting with the property owner's	authorized person full consent:			
Signature: _	****	Date: Jan 23 202		
Full name (please print clearly): On GId. I hereby certify that the information contained in this applie	M CEN	1		
system will be installed in accordance with the Onsite V Supplementary Information (2010), and the attached docume have received "Authorization to Proceed" from an environment	Nastewater Mana	agement Systems Regulation (MR 83/2003)		
Environment Off	icar Authoriza	tion		
Registration reviewed and authorized to proceed by:	Date			
System inspected by: Date:	Authorized to co	over by: Date:		
	L			
For Internal C	office Use Only	y		
Property is located in Nutrient Management Zone N4: Yes [□ No	PAID:		
Property is located in the Red River Designated Area:	□ No	Date:		
Property is located in: Provincial park Crown land sensitive area Amount:				
Variance requested: Yes ☐ No ☐		Rec'd by:		
Date variance approved: MRO #:				
Is the property serviceable by a municipal wastewater collection s	ystem? Yes	No 🗆		
GPS info	Disposal fiel	[d :		
Lat: Long:	Lat:	Long:		
Civil Address / Legal Description:				
OWMS Registration Form. Revised June 2017	Prin	nt Clear Form Save		