

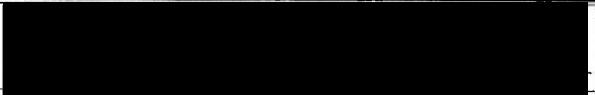
Webb, Bruce (CC)

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

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

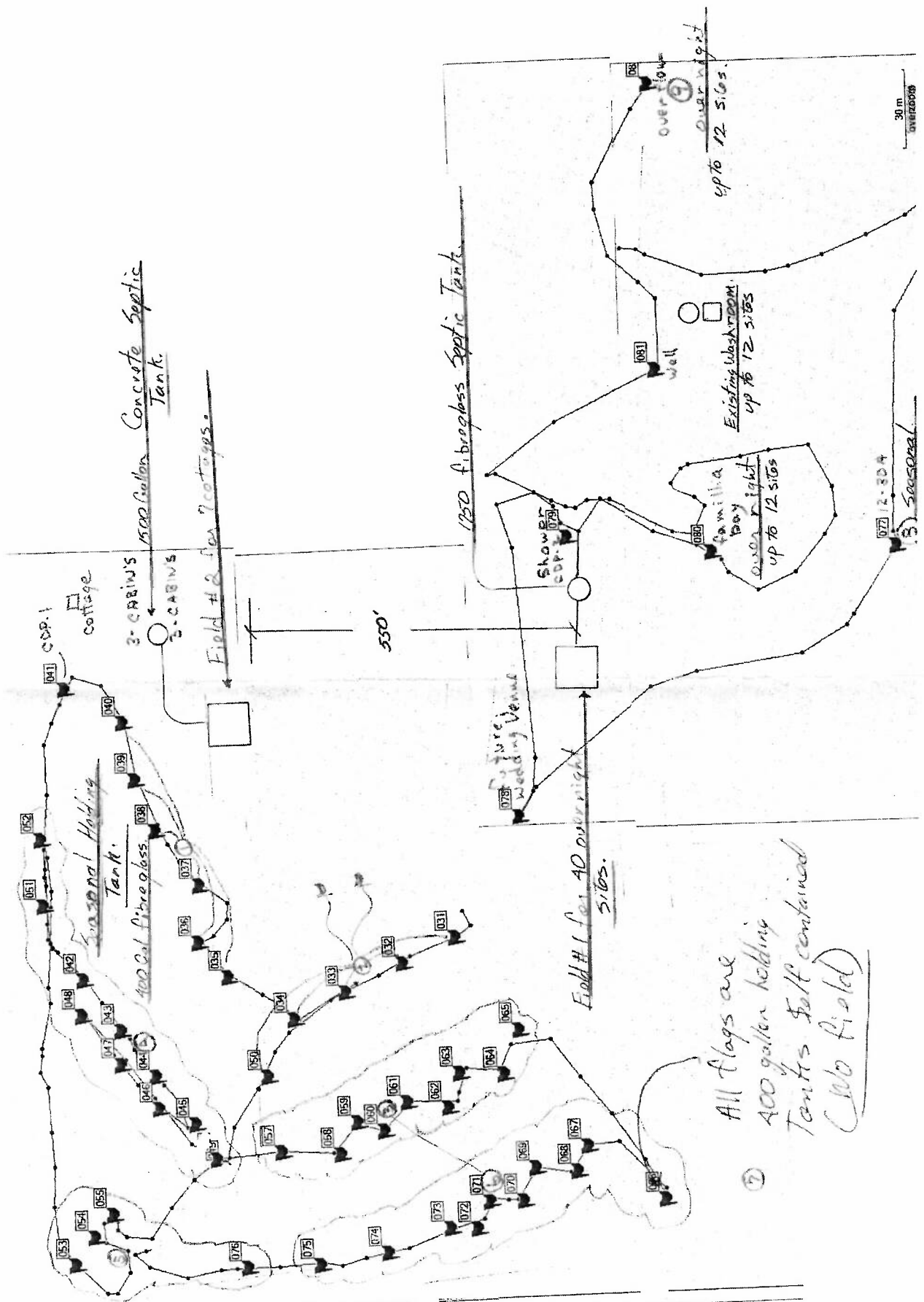
Notice of Alteration Form



Client File No. : <i>5904.00</i>	Environment Act Licence No. : <i>3315R</i>
Legal name of the Licencee: <i>Wild Oaks Campground</i>	
Name of the development:	
Category and Type of development per Classes of Development Regulation: <SELECT> <SELECT>	
Licencee Contact Person:	
Mailing address of the Licencee: <i>Box 17 R.R #1</i>	
City: <i>Richer</i>	Province: <i>MB</i> Postal Code: <i>R0E-1S0</i>
Phone Number: <i>204-422-6175</i>	Fax: Email: <i>gturanne@mynts.net</i>
Name of proponent contact person for purposes of the environmental assessment (e.g. consultant): <i>Raymond or Gisèle Turanne</i>	
Phone: <i>204-422-6175</i>	Mailing address:
Fax:	<i>Box 17 R.R #1 Richer MB R0E-1S0</i>
Email address: <i>gturanne@mynts.net</i>	
Short Description of Alteration (max 90 characters): <i>Adding Holding + Septic Tanks and Disposal Fields on to the license to service new overnight sites, cabins and shower house</i>	
Alteration fee attached: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	
If No, please explain: <i>Mailing a check in the amount of \$500.00</i>	
Date: <i>April 2/2001</i>	Signature: 
	Printed name: <i>Raymond Turanne</i>
<p>A complete Notice of Alteration (NoA) consists of the following components:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cover letter <input type="checkbox"/> Notice of Alteration Form <input type="checkbox"/> 2 hard copies and 1 electronic copy of the NoA detailed report (see "Information Bulletin - Alteration to Developments with Environment Act Licences") <input type="checkbox"/> \$500 Application fee, if applicable (Cheque, payable to the Minister of Finance) 	
<p>Submit the complete NoA to:</p> <p>Director Environmental Approvals Branch Manitoba Sustainable Development 1007 Century Street Winnipeg, Manitoba R3H 0W4</p> <p>For more information:</p> <p>Phone: (204) 945-8321 Fax: (204) 945-5229 http://www.gov.mb.ca/sd/eal</p>	
<p>Note: Per Section 14(3) of the Environment Act, Major Notices of Alteration must be filed through submission of an Environment Act Proposal Form (see "Information Bulletin - Environment Act Proposal Report Guidelines")</p>	

N.W. corner property line

On City fire zone lot.



① All flags are 400 gallon holding Tanks & all contained CWO Field

RECU / RECEIVED

JAN 27 2021

Monitool



Sustainable Development

CSS - SAINTE-ANNE
BSC - STE. ANNE

File #1
DATE: Jan 27/21
AMT: \$105.00
REC: VC
MRO: 95661
REC#: A4793

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

1(A) Property Owner and Property Information

First name <i>Raymond</i>		Last name <i>Duranne</i>	
Company/organization <i>Wild Daks Campground</i>			
Legal description (section, township, range/lot, block, plan/river lot) <i>NE 1/4-20-8-7E</i>			Municipality <i>St. Anne</i>
Civic address <i>Box 17 RRI</i>		City/town <i>Richer</i>	Province <i>MB</i>
Postal code <i>R0E 1S0</i>			
Mailing address (if different than above) <i>Box 17 RRI</i>			
Home/business <i>204-422-6175</i>	Cell <i>204-801-7515</i>	Email <i>gduranne@mynts.net</i>	
Lot size (acres): <i>55 Acres</i>		Lot dimensions (ft): <i>1/2 mile x</i>	
Are there any restrictive covenants/easements registered on the land title that will impact the location of the onsite wastewater management system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below (e.g., hydro right of way) and attach a copy of the document(s):			
This onsite wastewater management system will be installed by: Certified Installer <input checked="" type="checkbox"/> Property owner <input type="checkbox"/>			

1(B) Certified Installer Information

First name <i>Donald</i>		Last name <i>Vincent</i>	
Company name (if applicable) <i>Don Vincent</i>		Installer certificate no. <i>OWMS 0249</i>	Certificate expiry date <i>April 28, 2025</i>
Mailing address <i>Box 1030 Ste. Anne, MB R5H 1C1</i>			
Home/business FAX <i>204-422-6376</i>	Cell <i>204-346-3580</i>	Email <i>dsvincent3@hotmail.com</i>	

1(C) Type of Registration

New construction ☒ Modification ☐ Replacement ☐ Expansion ☐ For modification, replacement or expansion, please briefly describe the proposed work: _____

This application is valid for a period of one year from the date that "Authorization to Proceed" is granted. If the information submitted is incomplete or incorrect, or if the supporting documentation and/or the site plan are of poor quality, the application may be delayed, returned or rejected.

Personal information is collected under the authority of The Environment Act and the Onsite Wastewater Management Systems Regulation (MR 83/2003) and will be used only for administration and enforcement purposes. Information collected is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

OWMS Registration Form, Revised June 2017

Page 1 of 6

This form is available in alternative formats, upon request.

Save

Section 2: Building/Facility Information

2(A) Type of Building/Facility			
Single family residence <input type="checkbox"/>	Multiple family residence <input checked="" type="checkbox"/>	Number of units: <u>40</u>	Seasonal cottage <input checked="" type="checkbox"/>
Total number of bedrooms: _____		Will/does the building have a basement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>Note: Total number of bedrooms includes bedrooms that will be added in the future.</i>			
Commercial/Industrial/Institutional <input type="checkbox"/> Please describe (e.g., restaurant): _____			
Number of customers/seats/beds/units: _____			
Recreational <input type="checkbox"/> Please describe (e.g., campground, lodge): <u>Campground</u>			
No. of campsites/RV sites: _____		Seasonal <input checked="" type="checkbox"/> Year-round <input type="checkbox"/>	
Work camp <input type="checkbox"/> No. of employees: _____		Duration of operation (months/years): <u>6 months</u>	
2(B) Source of Drinking Water Supply			
Drilled well <input checked="" type="checkbox"/>	Is the well cased to a minimum depth of 20 feet? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Dug well <input type="checkbox"/>	Municipal water supply <input type="checkbox"/>	Cistern <input type="checkbox"/>	Surface water body <input type="checkbox"/>

Section 3: Soil and Site Conditions

Site Evaluation Information		<i>** Please attach the lab report for soil particle size analysis.</i>	
Number of soil test pits or auger boreholes: <u>2</u>		Depth of test hole(s) (ft): <u>18"</u>	
Soil texture classification (e.g., sandy loam): <u>Sandy loam</u>		Slope in disposal field area (%): <u>8%</u>	
Depth from ground surface to: Restrictive layer (e.g., > 60% clay or cemented layer) (ft): _____			
Bedrock (ft): _____		Normal high water table (ft): <u>9'</u>	
Has fill material been placed in the location of the proposed disposal field?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what is the depth of fill material (ft): _____		Type of fill material (e.g., sand, clay): _____	
<i>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.</i>			

Section 4: Onsite Wastewater Management System Specifications

4(A) Type of Onsite Wastewater Management System			
Septic tank/disposal field <input checked="" type="checkbox"/>	Secondary treatment system <input type="checkbox"/>	Graywater management system <input type="checkbox"/>	
4(B) Estimated Daily Sewage Flow			
Estimated daily sewage flow (gallons per day): <u>1600 gal</u>		<i>** See tables in Supplementary Information.</i>	
<i>** If flow monitoring data is being used to determine the estimated daily sewage flow, please attach flow monitoring data.</i>			

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.
Is the tank CSA B66 certified? Yes ☒ No ☐ Make and model no.: Equinox 1250 gal.
GPS location of proposed septic tank (if available) Latitude: _____ Longitude: _____
Greywater management system (if applicable) ☐ In 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 ☐ No ☐

**** The building perimeter drain (weeping tile) and sump pump are not 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): Sandy 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 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 A Equalizer
Chamber width (in): 36" Trench depth (ft): 16" Total length of effluent chambers (ft): 1047'
Number of trenches: 13 Trench spacing (measured from trench sidewalls) (ft): 6'
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 <input type="checkbox"/>	_____	_____
Modified TAF <input type="checkbox"/>	_____	_____
Above ground TAF <input type="checkbox"/>	_____	_____

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): _____

Save

(3) Sand Treatment Mounds	
Sand mound infiltration system: (select graded stone or effluent chambers)	
Graded stone <input type="checkbox"/>	Effluent chambers <input type="checkbox"/> Chamber width (in): _____
Stone depth of below distribution pipes (in): _____	Total length of effluent chambers (ft): _____
Stone depth above distribution pipes (in): _____	Make and model no.: _____
Sand fill specifications: Depth of ASTM C33 sand below graded stone/chambers (in): _____	
Depth of loamy sand fill (if applicable): _____ (in) Total depth of sand layer (ASTM C33 + loamy sand): _____ (in)	
** Please attach the Sand Mound Design Worksheet, ASTM C33 Sand Analysis Report and complete the pressure distribution system information in Section 4(E).	
4(E) Disposal Field Distribution System Details	
Wastewater effluent will be delivered to the disposal field by: Gravity <input type="checkbox"/> Pump <input checked="" type="checkbox"/>	
Wastewater effluent will be distributed by: Distribution box <input type="checkbox"/> Header pipe <input type="checkbox"/> or Pressure distribution system <input type="checkbox"/>	
For Pressure Distribution Systems, please complete the information below:	
Number of laterals: <u>13</u>	Length of each lateral (ft): <u>80'</u> Lateral spacing (ft): <u>6'</u>
Lateral diameter (in): <u>1 1/4"</u>	Discharge hole diameter (in): <u>1/4"</u> Discharge hole spacing (ft): <u>2'</u>
Residual pressure head (squirt height) (ft): <u>2'</u>	Type of manifold: Central <input checked="" type="checkbox"/> End <input type="checkbox"/>
Manifold diameter (in): <u>1 1/4"</u>	
4(F) Vertical Separation Distance (To be completed for all disposal field systems)	
The vertical distance measured from the bottom of the graded stone/chambers to a restrictive layer, bedrock, or normal high water table will be (ft): <u>9'</u>	
4(G) Secondary Treatment System Details	
System type: Aerobic treatment unit <input type="checkbox"/> Biofiltration system <input type="checkbox"/> Combined treatment/dispersal system <input type="checkbox"/>	
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)		
Setback feature	Distance from septic/holding tank or secondary treatment unit to:	Distance from disposal field to:
Nearest property boundary	<u>800' from North line</u>	<u>800' from North line</u>
Residence/building with <input checked="" type="checkbox"/> or without <input type="checkbox"/> basement	<u> </u>	<u> </u>
Nearest well <input type="checkbox"/> or cistern <input type="checkbox"/>	<u>500'</u>	<u>500'</u>
Watercourse, excluding a ditch	<u> </u>	<u> </u>
Cut/embankment	<u> </u>	<u> </u>
Swimming pool	<u>1/4 mile</u>	<u>1/4 mile</u>
Water service pipe	<u> </u> N/A	<u> </u>

Save

Section 6: Registration Fees and Supporting Documentation

6(A) Registration Fees	
Septic tank/disposal field (B-20-2) \$100.00 + \$5.00 = \$105.00 <input checked="" type="checkbox"/>	** Fees include registration fee + 5% GST GST registration no. R107863847. Make cheque payable to "Minister of Finance"
Secondary treatment system (B-20-5) \$250.00 + \$12.50 = \$262.50 <input type="checkbox"/>	
Holding tank & greywater disposal field (B-20-6) \$100 + \$5 = \$105 <input type="checkbox"/>	
6(B) Supporting Documentation – Please attach all applicable documentation	
Property information: Covenant/easement <input type="checkbox"/> Note: Submission of a land title search and/or legal survey plan may be requested.	
Disposal Field Information:	
Soil Particle Size Lab Analysis Report <input checked="" type="checkbox"/> Sand Mound Design Worksheet <input type="checkbox"/> ASTM C33 Sand Analysis Report <input type="checkbox"/>	
Secondary Treatment System Information:	
Treatment/Disposal System Design worksheets <input type="checkbox"/> Homeowner service contract agreement <input type="checkbox"/>	
Estimated Daily Sewage Flow Information: Water use and/or sewage flow monitoring data <input type="checkbox"/>	

Section 7: Applicant Declaration

<div style="background-color: black; width: 400px; height: 30px; margin-bottom: 5px;"></div> <div style="float: right; text-align: right;">Date: Jan 23 2021</div>	
Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you must sign below to certify that you are acting with the property owner's full consent:	
Signature: <div style="background-color: black; width: 200px; height: 30px; display: inline-block;"></div>	Date: Jan 23 2021
Full name (please print clearly): Donald Vincent	
I hereby certify that the information contained in this application is correct and that the onsite wastewater management system will be installed in accordance with the Onsite Wastewater Management Systems Regulation (MR 83/2003), Supplementary Information (2010), and the attached documents. I acknowledge that the installation cannot proceed until I 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:	Authorized to cover by: Date:

For Internal Office Use Only			
Property is located in Nutrient Management Zone N4: <input type="checkbox"/> Yes <input type="checkbox"/> No		PAID:	
Property is located in the Red River Designated Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Property is located in: Provincial park <input type="checkbox"/> Crown land <input type="checkbox"/> sensitive area <input type="checkbox"/>		Amount:	
Variance requested: Yes <input type="checkbox"/> No <input type="checkbox"/>		Rec'd by:	
Date variance approved:		MRO #:	
Is the property serviceable by a municipal wastewater collection system? Yes <input type="checkbox"/> No <input type="checkbox"/>			
GPS info	Septic tank/secondary treatment system:		Disposal field:
	Lat:	Long:	Lat: Long:
Civil Address / Legal Description:			

REC- Field #2

JAN 27 2021

CSB - SAINTE-ANNE
BSC - STE. ANNE

PAID
DATE: Jan 27/21
AMT: \$105.00
REC'D BY: VC
MRO #: 95661
REC# 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

1(A) Property Owner and Property Information				
First name <i>Raymond</i>		Last name <i>Turgeon</i>		
Company/organization <i>Wild Oaks Campground</i>				
Legal description (section, township, range/lot, block, plan/river lot) <i>20-8-7E</i>			Municipality <i>St-Anne</i>	
Civic address <i>Box 17 RR1</i>		City/town <i>Richer</i>	Province <i>MB</i>	Postal code <i>R0E-1S0</i>
Mailing address (if different than above)				
Home/business <i>204-422-6175</i>	Cell <i>204-801-9518</i>	Email <i>gturgeon@mymts.net</i>		
Lot size (acres): <i>55 acres</i>		Lot dimensions (ft): <i>1/2 mile x</i>		
Are there any restrictive covenants/easements registered on the land title that will impact the location of the onsite wastewater management system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe below (e.g., hydro right of way) and attach a copy of the document(s):				
This onsite wastewater management system will be installed by: Certified Installer <input checked="" type="checkbox"/> Property owner <input type="checkbox"/>				
1(B) Certified Installer Information				
First name <i>Donald</i>		Last name <i>VINCENT</i>		
Company name (if applicable) <i>Don Vincent</i>		Installer certificate no. <i>OWMS 0249</i>	Certificate expiry date <i>April 28, 2025</i>	
Mailing address <i>Box 1030 Ste-Anne MB R5H-1C1</i>				
Home/business <i>204-422-6316</i>	Cell <i>204-346-3580</i>	Email <i>dsvincent3@hotmail.com</i>		
1(C) Type of Registration				
New construction <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion <input type="checkbox"/> For modification, replacement or expansion, please briefly describe the proposed work: _____				

This application is valid for a period of one year from the date that "Authorization to Proceed" is granted. If the information submitted is incomplete or incorrect, or if the supporting documentation and/or the site plan are of poor quality, the application may be delayed, returned or rejected.

Personal information is collected under the authority of The Environment Act and the Onsite Wastewater Management Systems Regulation (MR 83/2003) and will be used only for administration and enforcement purposes. Information collected is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Section 2: Building/Facility Information

2(A) Type of Building/Facility	
Single family residence <input type="checkbox"/>	Multiple family residence <input type="checkbox"/> Number of units: _____ Seasonal cottage <input type="checkbox"/>
Total number of bedrooms: <u>7</u>	Will/does the building have a basement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>Note: Total number of bedrooms includes bedrooms that will be added in the future.</i>	
Commercial/Industrial/Institutional <input type="checkbox"/>	Please describe (e.g., restaurant): _____
Number of customers/seats/beds/units: _____	
Recreational <input type="checkbox"/>	Please describe (e.g., campground, lodge): <u>Campground</u>
No. of campsites/RV sites: <u>7 Cottages</u>	Seasonal <input type="checkbox"/> Year-round <input checked="" type="checkbox"/>
Work camp <input type="checkbox"/>	No. of employees: _____ Duration of operation (months/years): _____
2(B) Source of Drinking Water Supply	
Drilled well <input checked="" type="checkbox"/>	Is the well cased to a minimum depth of 20 feet? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Dug well <input type="checkbox"/>	Municipal water supply <input type="checkbox"/> Cistern <input type="checkbox"/> Surface water body <input type="checkbox"/>

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: <u>2</u>	Depth of test hole(s) (ft): <u>18"</u>	
Soil texture classification (e.g., sandy loam): <u>SANDY loam</u>	Slope in disposal field area (%): _____	
Depth from ground surface to: Restrictive layer (e.g., > 60% clay or cemented layer) (ft): <u>12'</u>		
Bedrock (ft): _____	Normal high water table (ft): <u>10'</u>	
Has fill material been placed in the location of the proposed disposal field?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, what is the depth of fill material (ft): _____ Type of fill material (e.g., sand, clay): _____		
<i>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.</i>		

Section 4: Onsite Wastewater Management System Specifications

4(A) Type of Onsite Wastewater Management System		
Septic tank/disposal field <input checked="" type="checkbox"/>	Secondary treatment system <input type="checkbox"/>	Greywater management system <input type="checkbox"/>
4(B) Estimated Daily Sewage Flow		
Estimated daily sewage flow (gallons per day): <u>343 gal</u>		** See tables in Supplementary Information.
** If flow monitoring data is being used to determine the estimated daily sewage flow, please attach flow monitoring data.		

Save

4(C) Septic/Pump Tank Details (See Sections 1(1), 1(2) and 1(3) in Schedule A in MR 83/2003)			
Septic tank <input type="checkbox"/>	Tank construction material: Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyethylene <input type="checkbox"/>		
1 st compartment (gallons): <u>4546 Ltrs</u>	2 nd compartment (gallons): <u>2273 Ltrs</u>		
Is the tank CSA B66 certified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Make and model no.: <u>Duracore ST 1500</u>	
GPS location of proposed septic tank (if available) Latitude: _____ Longitude: _____			
Greywater management system (if applicable) <input type="checkbox"/> In addition to the septic tank information provided for managing greywater, please complete the holding tank information below for managing toilet waste:			
Holding tank <input type="checkbox"/>	Volume (gallons): _____ Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyethylene <input type="checkbox"/>		
Is the tank CSA B66 certified? Yes <input type="checkbox"/> No <input type="checkbox"/>		Make and model no.: _____	
Are low-flow water closets (less than one gallon per flush) to be used to service the building? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
** 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): <u>Sandy Loam</u> (gallons/ft ² /day) <u>0.45</u>			
GPS location of proposed disposal field (if available) Latitude: _____ Longitude: _____			
Please complete Section (1), (2) or (3) below:			
(1) Trenches: Traditional subsurface trenches <input type="checkbox"/> Modified trenches <input type="checkbox"/> (e.g., shallow placement, sand-lined trenches)			
Graded stone trenches <input type="checkbox"/> 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 <input type="checkbox"/> Make and model no. <u>Quick 4 Equalizer 36</u>			
Chamber width (in): <u>36</u> Trench depth (ft): <u>18</u> Total length of effluent chambers (ft): <u>70'</u>			
Number of trenches: <u>4</u> Trench spacing (measured from trench sidewalls) (ft): <u>6'</u>			
Will the trenches be lined with sand fill? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type of sand fill: ASTM C33 sand <input type="checkbox"/> loamy sand <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>	_____	_____	
Modified TAF <input type="checkbox"/>	_____	_____	
Above ground TAF <input type="checkbox"/>	_____	_____	
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 (yd ³): _____	

Save

(3) Sand Treatment Mounds

Sand mound infiltration system: (select graded stone or effluent chambers)

Graded stone ☐ Effluent chambers ☐ Chamber width (in): _____

Stone depth of below distribution pipes (in): _____ Total length of effluent chambers (ft): _____

Stone depth above distribution pipes (in): _____ Make and model no.: _____

Sand fill specifications: Depth of ASTM C33 sand below graded stone/chambers (in): _____

Depth of loamy sand fill (if applicable): _____ (in) Total depth of sand layer (ASTM C33 + loamy sand): _____ (in)

**** Please attach the Sand Mound Design Worksheet, ASTM C33 Sand Analysis Report and complete the pressure distribution system information in Section 4(E).**

4(E) Disposal Field Distribution System Details

Wastewater effluent will be delivered to the disposal field by: Gravity ☐ Pump ☒

Wastewater effluent will be distributed by: Distribution box ☐ Header pipe ☐ or Pressure distribution system ☐

For Pressure Distribution Systems, please complete the information below:

Number of laterals: 4 Length of each lateral (ft): 80' Lateral spacing (ft): _____

Lateral diameter (in): 1 1/4 Discharge hole diameter (in): 1/4 Discharge hole spacing (ft): 10'

Residual pressure head (squirt height) (ft): 3' Type of manifold: Central ☒ End ☐

Manifold diameter (in): 1 1/4

4(F) Vertical Separation Distance (To be completed for all disposal field systems)

The vertical distance measured from the bottom of the graded stone/chambers to a restrictive layer, bedrock, or normal high water table will be (ft): _____

4(G) Secondary Treatment System 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)		
Setback feature	Distance from septic/holding tank or secondary treatment unit to:	Distance from disposal field to:
Nearest property boundary	<u>200' away from</u>	<u>200' away from</u>
Residence/building with <input checked="" type="checkbox"/> or without <input type="checkbox"/> basement	<u>North line</u>	<u>North line</u>
Nearest well <input type="checkbox"/> or cistern <input type="checkbox"/>	<u>800' away</u>	<u>700' away</u>
Watercourse, excluding a ditch	<u> </u>	<u> </u>
Cut/embankment	<u> </u>	<u> </u>
Swimming pool	<u>1/4 mile away</u>	<u>1/4 mile away</u>
Water service pipe	<u>N/A</u>	<u> </u>

Save

Section 6: Registration Fees and Supporting Documentation

6(A) Registration Fees	
Septic tank/disposal field (B-20-2) \$100.00 + \$5.00 = \$105.00 <input checked="" type="checkbox"/>	** Fees include registration fee + 5% GST GST registration no. R107863847. Make cheque payable to "Minister of Finance"
Secondary treatment system (B-20-5) \$250.00 + \$12.50 = \$262.50 <input type="checkbox"/>	
Holding tank & greywater disposal field (B-20-6) \$100 + \$5 = \$105 <input type="checkbox"/>	
6(B) Supporting Documentation – Please attach all applicable documentation	
Property information: Covenant/easement <input type="checkbox"/>	Note: Submission of a land title search and/or legal survey plan may be requested.
Disposal Field Information:	
Soil Particle Size Lab Analysis Report <input checked="" type="checkbox"/>	Sand Mound Design Worksheet <input type="checkbox"/> ASTM C33 Sand Analysis Report <input type="checkbox"/>
Secondary Treatment System Information:	
Treatment/Disposal System Design worksheets <input type="checkbox"/>	Homeowner service contract agreement <input type="checkbox"/>
Estimated Daily Sewage Flow Information: Water use and/or sewage flow monitoring data <input type="checkbox"/>	

Section 7: Applicant Declaration

Property owner's signature (required)	Date: Jan 23 2021
Authorized representative: If you are a Certified Installer or other authorized person acting on behalf of the property owner, you must sign below to certify that you are acting with the property owner's full consent:	
Signature:	Date: Jan 23 2021
Full name (please print clearly): Donald Vincent	
I hereby certify that the information contained in this application is correct and that the onsite wastewater management system will be installed in accordance with the Onsite Wastewater Management Systems Regulation (MR 83/2003), Supplementary Information (2010), and the attached documents. I acknowledge that the installation cannot proceed until I 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:	Authorized to cover by:	Date:

For Internal Office Use Only			
Property is located in Nutrient Management Zone N4: <input type="checkbox"/> Yes <input type="checkbox"/> No		PAID:	
Property is located in the Red River Designated Area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Property is located in: Provincial park <input type="checkbox"/> Crown land <input type="checkbox"/> sensitive area <input type="checkbox"/>		Amount:	
Variance requested: Yes <input type="checkbox"/> No <input type="checkbox"/>		Rec'd by:	
Date variance approved:		MRO #:	
Is the property serviceable by a municipal wastewater collection system? Yes <input type="checkbox"/> No <input type="checkbox"/>			
GPS info	Septic tank/secondary treatment system:	Disposal field:	
	Lat: Long:	Lat: Long:	
Civil Address / Legal Description:			