

Application to Register a Disposal Field Onsite Wastewater Management System
Onsite Wastewater Management Systems Regulation (MR 83/2003)
Flows less than 10,000 litres per day - This form is in metric units

Section 1: General Information

1(A) Property Owner and Property Information			
First name		Last name	
Company/organization			
Legal description (section, township, range/lot, block, plan/river lot)			Municipality
Civic address	City/town	Province	Postal code
Mailing address (if different than above)			
Home/business Phone	Cell Phone	Email	
Lot size (hectares):		Lot dimensions (m):	
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 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 type="checkbox"/> Property owner <input type="checkbox"/>			
1(B) Certified Installer Information			
First name		Last name	
Company name (if applicable)		Installer certificate no.	Certificate expiry date
Mailing address			
Home/business Phone	Cell Phone	Email	
1(C) Type of Registration			
New construction <input 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: _____	Will/does the building have a basement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: Total number of bedrooms includes bedrooms that will be added in the future.	
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) : _____
No. of campsites/RV sites: _____	Seasonal <input type="checkbox"/> Year-round <input 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 type="checkbox"/>	Is the well cased to a minimum depth of 6.0 metres? Yes <input 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: _____	Depth of test hole(s) (m): _____
Soil texture classification (e.g., sandy loam): _____	Slope in disposal field area (%): _____
Depth from ground surface to: Restrictive layer (e.g., > 60% clay or cemented layer) (m): _____	
Bedrock (m) _____	Normal high water table (m): _____
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 (m): _____	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

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

Septic tank Tank construction material: Concrete Fiberglass Polyethylene

1st compartment (litres): _____ 2nd compartment (litres): _____

Is the tank CSA B66 certified? Yes No Make and model no.: _____

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 (litres): _____ Concrete Fiberglass Polyethylene

Is the tank CSA B66 certified? Yes No Make and model no.: _____

Are low-flow water closets (less than five litres 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): _____ (litres/m²/day)

GPS location of proposed disposal field (if available) Longitude: _____ Latitude: _____

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 (m): _____ Trench width (m): _____ Number of trenches: _____

Trench spacing (measured from trench sidewalls) (m): _____ Total length of distribution pipe (m): _____

Pipe diameter (cm): _____ Stone depth below distribution pipes (cm): _____ Stone depth above distribution pipes (cm): _____

Effluent chamber trenches Make and model no. _____

Chamber width (cm): _____ Trench depth (m): _____ Total length of effluent chambers (m): _____

Number of trenches: _____ Trench spacing (measured from trench sidewalls) (m): _____

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 (cm): _____ **** Please attach ASTM C33 Sand Analysis Report.**

(2) Total Area Fields (TAF)	Field area (m ²)	Volume of stone (m 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) (m): _____

Total length of distribution pipe (m): _____	Number of distribution pipes: _____	Pipe diameter (cm): _____
Depth of stone below distribution pipes (cm): _____	Depth of stone above distribution pipes (cm): _____	

For modified and above ground TAF: **** Please attach ASTM C33 Sand Analysis Report.**

Depth of ASTM C33 sand below graded stone (cm): _____ Volume of ASTM C33 sand (m³): _____

(3) Sand Treatment Mounds

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

Graded stone Effluent chambers Chamber width (cm): _____

Depth of stone below distribution pipes (cm): _____ Total length of effluent chambers (m): _____

Depth of stone above distribution pipes (cm): _____ Make and model no. :

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

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

**** 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: _____ Length of each lateral (m): _____ Lateral spacing (m): _____

Lateral diameter (mm): _____ Discharge hole diameter (mm): _____ Discharge hole spacing (cm): _____

Residual pressure head (squirt height) (m): _____ Type of manifold: Central End

Manifold diameter (mm): _____

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 (m): _____

4(G) Secondary Treatment System Details

System type: Aerobic treatment unit Biofiltration system Combined treatment/dispersal system

Make and model no.: _____ Treatment capacity (litres/day): _____

**** Please attach the Homeowner Service Agreement and design worksheets (if applicable).**

Section 5: Setback Distances

Horizontal Set-Back Distances (in metres) (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		
Residence/building with <input type="checkbox"/> or without <input type="checkbox"/> basement		
Nearest well <input type="checkbox"/> or cistern <input type="checkbox"/>		
Watercourse, excluding a ditch		
Cut/embankment		
Swimming pool		
Water service pipe	N/A	

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 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 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:
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:
Full name (please print clearly):	
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: Lat: _____ Long: _____	Disposal field: Lat: _____ Long: _____

