



CONTRACTOR NAME		CONTRACTOR ADDRESS		
TOWN/CITY		POSTAL CODE	PHONE	CELL

LOCATION OF INSTALLATION				
PROPERTY OWNER		OWNER'S MAILING ADDRESS		
TOWN/CITY		POSTAL CODE	PHONE	CELL
LOT	BLOCK	PLAN		
RM	SECTION	TOWNSHIP	RANGE	WEST OF MERIDIAN

- A. EXPECTED DAILY SEWAGE VOLUME _____ (LITRES)
- B. SOIL CLASSIFICATION SAND SILT CLAY SANDY LOAM
- C. PERCOLATION TEST _____ MINUTES PER 25 MM
- D. DEPTH TO WATER TABLE IF LESS THAN 3 M FROM GROUND SURFACE _____ M
- E. TANK DETAILS SEPTIC TANK HOLDING TANK _____ GALLONS
- F. DISPOSAL SYSTEMS JET
- TYPE I MOUND
- TYPE II MOUND _____ M³ OF CLEAN GRADED STONE
- GRAVITY FLOW CHAMBER FIELD _____ # OF CHAMBERS
- OTHER _____

NO PART OF THE SYSTEM SHALL BE COVERED UNTIL PERMISSION IS GRANTED BY THE LOCAL AUTHORITY

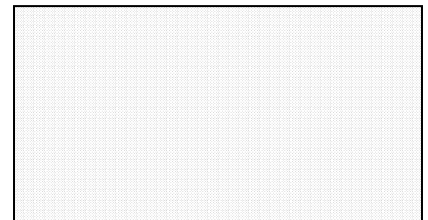
FEE \$30.00 FEE ENCLOSED \$ _____ DATE _____

APPLICANT _____ APPLICANT SIGNATURE _____

PAYABLE BY CHEQUE TO:

FIVE HILLS HEALTH REGION
107-110 OMINICA STREET WEST
MOOSE JAW, SASKATCHEWAN
S6H 6V2

PHONE (306) 691-1500
FAX (306) 691-1523
WWW WWW.FHHR.CA/PHI



THIS IS AN ONSITE SEWAGE DISPOSAL APPLICATION ONLY, THIS IS NOT A PERMIT