

For office use only

Project Number

Roll Number

Clean Water Program Application Form: Septic Systems

Personal Information

Name: _____

Address: _____

Town/City: _____

Postal Code: _____

Telephone Number: _____

911 Number: _____

Fax: _____

E-Mail: _____

Check off the appropriate box.

- Middlesex County
- Oxford County
- Perth County
- City of London
- City of Stratford
- Town of St. Marys

Project Location

Municipality/Township: _____

Lot: _____ Concession: _____

Workable Acres Farmed: Own: _____ Rent: _____ Total: _____

Please check the sections that you are applying for

- Conventional System
- Non-traditional secondary or tertiary treatment system (must be an Approved Treatment Unit by the Ontario Building Code)
- Holding Tank

Note: Non-traditional systems or systems over 10,000 litres require Ministry of the Environment approval through the Water Resources Act. All systems must be installed by a licenced contractor. All works must be completed in compliance with Part VIII of the Ontario Building Code.

Describe the age and present condition of your system and how it impacts surface and/or groundwater quality:

Estimated cost of project: _____

Estimated project completion date: _____

Additional Information

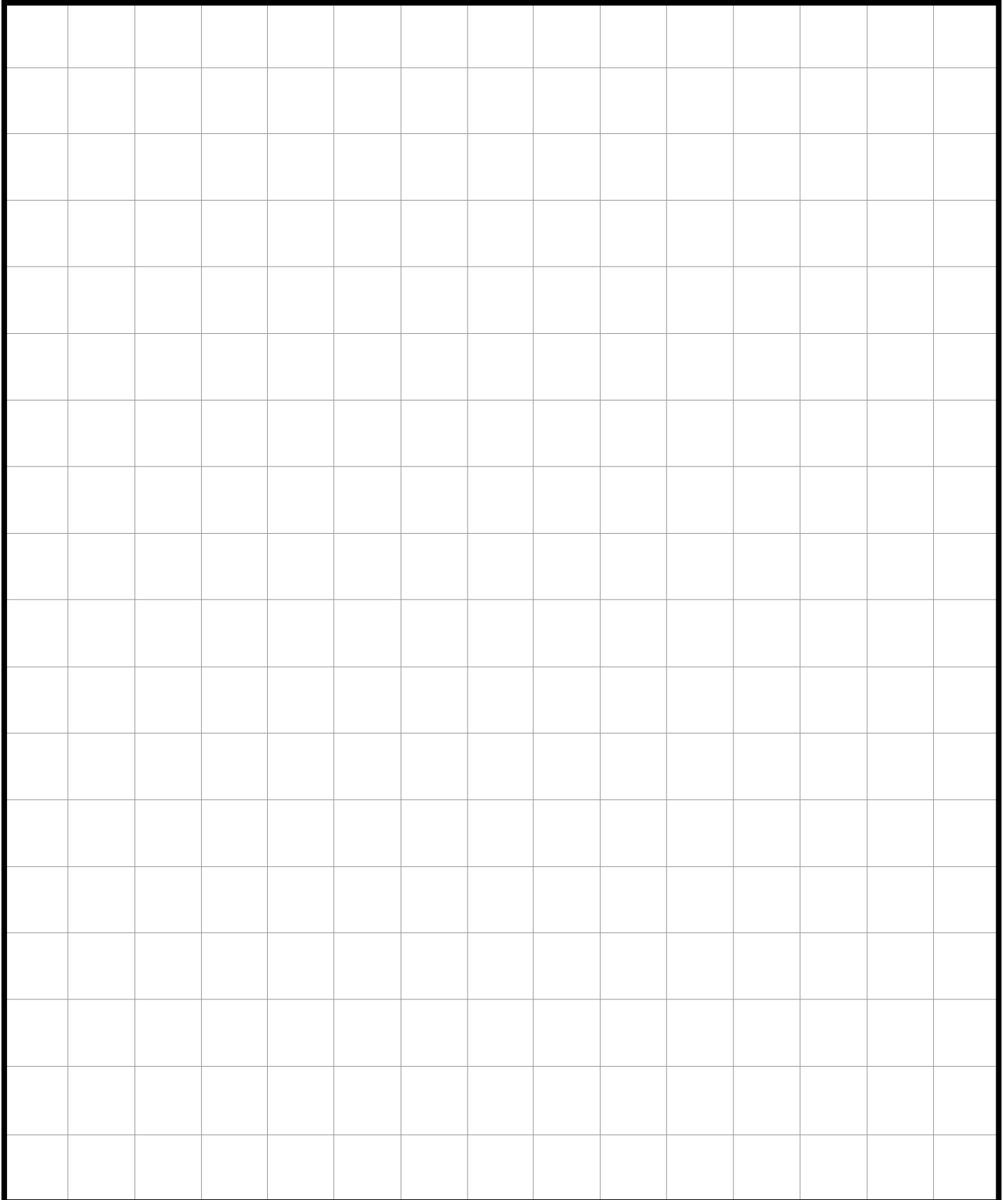
Use the following lines to provide additional information or comments.

How to complete the Site Plan on the next page

Provide a sketch showing existing site features and proposed best management practices. Include farm buildings, and the distance to: dug wells (> 60m or 200ft minimum), watercourses, drilled wells (water-tight casing 6m deep, > 30m or 100ft minimum), lake front, field tiles, building, property boundary (3m or 10ft minimum), driveway or parking area, roadside drainage ditch, catchbasins, and wetlands. Include other information that you feel is important below.

Site Plan

See information on the previous page regarding how to complete this site plan.



I acknowledge that the Clean Water Program representative can verify that I have an Environmental Farm Plan that is deemed appropriate.

I had my EFP peer reviewed in _____ County.

Signature: _____

Date: _____

Contact: