

Ontario Drinking Water Stewardship Program 2009-10 Septic System Inspections and Upgrades Application Form

APPLICANT INFORMATION

Name: _____
Phone (home): _____ Phone (alternate): _____
Fax: _____ Email: _____
Street Address: _____ Postal Code: _____
City/Town: _____ Province: _____

PROPERTY INFORMATION

Property Type:
Residential
Farm
Institutional
Industrial/Commercial Total # Of Employees _____
Municipal
Other

Are you the owner of the property where the proposed project is located? Yes No

If no, please provide the name of the property owner _____

Letter indicating approval for the proposed project from land owner attached? Yes No

Street address of property location:
Street Address: _____ Postal Code: _____
City/Town: _____ Province: _____

Same as mailing address noted above? Yes No

Legal address of property where project is located (Lot, Concession, Township):

CURRENT CONDITIONS

Do you use a septic tank? Yes No
Do you use a tile bed / leaching bed? Yes No
Other? (e.g., outhouse, cesspool, etc.): _____ Yes No
How old is your septic tank? _____ years old
How large is your septic tank (capacity)? _____ litres or _____ gallons

Ontario Drinking Water Stewardship Program 2009-10 Septic System Inspections and Upgrades Application Form

What is your septic tank made of? Steel Concrete Don't know

How many compartments are in your septic tank? 1 2 Don't know

How far is your septic tank from:

- the nearest surface water source (e.g., lake, river, stream, ditch)? _____ metres
- the nearest groundwater source (e.g., private well, municipal well)? _____ metres

How old is your tile bed? _____ years old

How long is your tile bed? _____ metres

How far is the edge of your tile bed from:

- the drainage line? _____ metres
- an open drain or stream? _____ metres

PROPOSED PROJECT(S) & ESTIMATED COSTS(S)

Which project(s) do you intend to undertake? (select all that apply)	Estimated Cost
<input type="checkbox"/> Replace both septic tank and leaching bed	\$
<input type="checkbox"/> Replace septic tank and / or holding tank only	\$
<input type="checkbox"/> Replace leaching bed only	\$
<input type="checkbox"/> Pump and inspect septic tank	\$
<input type="checkbox"/> Add plumbing connections / pump to transfer wastewater to septic tank and/or leaching bed	\$
<input type="checkbox"/> Connect to a municipal sewer line	\$
<input type="checkbox"/> Decommission existing septic system	\$

Total Estimated Costs: \$

Written quote attached: Yes No

If no, name of industry professional providing cost estimate:

Are you currently receiving or applying for additional funding for the proposed project:

Yes No

If yes, please indicate the name of the program and to whom you are applying:

Inspection report attached: Yes No

Is this a retroactive project? Yes No

If yes, please provide the date on which the work was started:

Ontario Drinking Water Stewardship Program 2009-10 Septic System Inspections and Upgrades Application Form

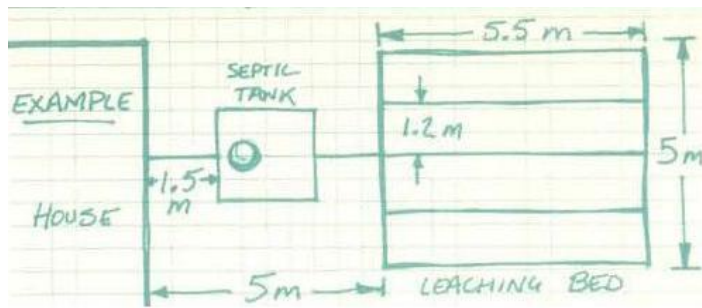
SITE PLAN

Please use the grid below to provide a sketch of the proposed project site. Please mark directional north, as well as the following:

- Location of the existing septic system
- Location of building that is serviced by existing septic system
- Location of proposed work
- Septic system distance from surface and groundwater sources, municipal wells private wells, building structures, additional information of interest

NOTE: Illustrations from compliance records or use permits may be submitted.

Example:



Ontario Drinking Water Stewardship Program 2009-10 Septic System Inspections and Upgrades Application Form

SEPTIC SYSTEM INSPECTIONS & UPGRADES PROJECT AGREEMENT

I have read, understood, and agree to the project guidelines and the terms of funding assistance for the Ontario Drinking Water Stewardship Program's Septic System Inspections and Upgrades Early Actions funding.

Signature of Applicant

Date

I, _____, (*Signature of Applicant*) hereby declare that I will not receive more than 100 percent of the total cost of this project.

Please return completed forms to Drinking Water Source Protection office
Mail: Drinking Water Source Protection - Stewardship Program
RR#4, 237897 Inglis Falls Road,
Owen Sound, ON N4K 5N6
Email: mail@waterprotection.ca Fax: 519-470-3005 Questions: 877-470-3001