

COPY OF SEPTIC RECORD

(FOR PROPERTY OWNER AT TIME OF INSTALLATION)

Environmental Health Services
Postal Bag 2012, Timmins, ON P4N 8B7
Tel: 1-877-442-1212
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inspections@neph.ca



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Cash Debit MO Cheque Visa MC

Health Unit file number: _____ Date received: |YEAR |MONTH |DAY Receipt: _____

The Health Unit requires 15 working days to complete a copy of record. This form is to be accompanied by a \$75.00 fee payable to Northeastern Public Health (subject to change without notification). Note: If the information requested below is NOT COMPLETE or is INCORRECT, this application CANNOT be processed.

Please print clearly

Request from: _____

Mailing address: _____ City/Province: _____

Postal code: _____ Telephone: _____ Fax: _____

Email address: _____

Residential Commercial (Name and type of commercial property): _____

Legal description

Municipality: _____ Township: _____ Lot: _____ Conc.: _____

Parcel(s): _____ Plan No(s): _____ Sublot(s): _____

PIN: _____ Other: _____

House number: _____ Street/Road: _____ City: _____

Approximate date of system's installation: _____

Has any upgrading or work been completed to the system since its original installation?

No Do not know Yes If yes, what year: _____

I hereby certify that the information contained in this application is correct to the best of my knowledge and confirm that I am still the current owner of the property.

Signature: _____

Date: |YEAR |MONTH |DAY

Health Unit office use only

- Based on the information received, we were unable to locate a record of the related sewage disposal system in our files.
- Copy of Permit No. _____ enclosed.
- Use Permit/Sewage System as Constructed **was not** issued.
- Use Permit/Sewage System as Constructed **was** issued **or** system approval date |YEAR |MONTH |DAY
Tank Size: _____ Tile Bed Size: _____ Filter Bed Size: _____

Note: The file search does not guarantee that the system is functioning properly or will continue to function.

Comments:

This information is provided without prejudice. We have attempted to be as accurate as possible in providing the above information but can assume no liability for its correctness. Other government agencies may have additional information on this property, i.e., Ministry of the Environment and Climate Change for water quality and sewage systems with a design capacity of greater than 10,000 litres. Northeastern Public Health shall not be prevented from taking any required action if information is forthcoming that health hazards exist.

Authorized signature, Environmental Health Services

Date: |YEAR |MONTH |DAY

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke-Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015; Electronic Cigarettes Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Northeastern Public Health, Timmins office, 1-877-442-1212, ext. 4118.*