

IMPORTANT NOTICE

As a result of the many responsibilities of the Department of the Environment and the high demand for on-site services during the building season, it is often not possible to offer the level of service which we would like to provide. Currently, the Department requires all commercial, institutional or industrial systems to be designed by a qualified person Level I. As well, any subdivision of greater than five lots is required to use a qualified person.

In the remaining instances where our staff are requested to do the work of a qualified person, there may still be a delay of four to six weeks from the time we receive an application for an on-site system until we are able to do an initial inspection.

In order to assist you in this regard, the new On-Site Regulations allow qualified people available in the private sector to do the work of lot classification and system selection or design.

If it is important for you to have immediate response in order to meet your construction schedule, then you may wish to consider the services of a qualified person from the private sector.

For clarification purposes, a qualified person is as follows:

LEVEL II QUALIFIED PERSON

A person who has obtained a Certificate of Qualification from the Department of the Environment allowing them to classify a lot and to select on-site sewage disposal systems for a single unit dwelling. These people are insured and a list is available from your local office of the Department of the Environment.

LEVEL I QUALIFIED PERSON

A professional engineer who is familiar with on-site disposal systems and also is insured. Level I qualified persons can do everything that a Level II qualified person can do. As well, they can design nonstandard systems and systems for commercial and industrial facilities.

We thank you for your patience and cooperation. If you have any questions or wish additional information, please contact your local Environment office.

APPLICATION FOR APPROVAL

OFFICE USE ONLY		Application #
Date Rec'd (yyyy/mm/dd)	Ext. Ref. #	NSDOE File #
Total Fees Due	Fees Paid	Paid in Full Yes <input type="checkbox"/> No <input type="checkbox"/>
Receipt #	Water Auth. # (Div. 1 only)	

PLEASE PRINT OR TYPE. Complete Sections 1, 2, 3, 4 and 7 for ALL Applications. Complete areas of Sections 5 and 6 that are applicable to the specific activities of this application only.

Type of Application:
New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Transfer <input type="checkbox"/>
If applicable, provide the previous Approval # _____

SECTION 1 - OWNER

If there is more than one owner, please indicate who will be the primary applicant for this project and attach a complete list of owners.

Company/Organization/Municipality			
Business Number (BN) if applicable			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 2 - APPLICATION CONTACT

Is the Application Contact the same as Section 1 - Owner? Yes No If yes, please skip to Section 3.

Company/Organization/Municipality			
Business Number (BN) if applicable			
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Other: <input type="checkbox"/>
Professional Designation			
First Name	Middle Initial	Family Name	
Phone	Home ()	Business ()	Ext. Other () Ext.
Fax ()	E-mail		
Civic/Street Address			
Mailing Address (if different than Civic)			
County		City/Town	
Province	Postal Code	Country	

SECTION 3 - SITE/LOCATION OF PROPOSED ACTIVITIES

Property Identification numbers (PID) are available at the Nova Scotia Department of Housing & Municipal Affairs.
 1:50,000 Topo Maps (Identifying Easting and Northing) are available at Nova Scotia Department of the Environment Regional Offices.

Subdivision Name	
Lot #	
Site Name	
Civic/Street Address	
County	Community
Property Identification # (PID)	1:50,000 Topo Map #
Grid Reference	Easting (6) Northing (7)

SECTION 4 - ACTIVITY

Proposed Activity - Please check (✓) all that apply.			
<u>Activity</u>		<u>Complete Sections</u>	
On-site Sewage Disposal System	<input type="checkbox"/>	4, 5A, 6, 7	
Subdivision Proposal Report	<input type="checkbox"/>	4, 5B, 6, 7	
Lot Assessment Report	<input type="checkbox"/>	4, 5B, 6, 7	
Will this Activity employ a new technology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify.			
Proposed Project Dates, if applicable (yyyy/mm/dd)			
Start Construction Date	Start Operations	End/Closure Date	

SECTION 5 - ACTIVITY DETAILS

Complete Section 5 to the best of your knowledge. Please provide measurements in the metric units indicated.

5A - Complete for all Individual Lot On-site Sewage only			
Sewage Disposal System	New <input type="checkbox"/>	OR	Replacement <input type="checkbox"/>
Size of Lot	Length (metres)	Width (metres)	Area (metres ²)
Water Supply:	Existing <input type="checkbox"/>	or	Proposed <input type="checkbox"/>
Type:	Dug Well <input type="checkbox"/>	Drilled Well <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			
Type of building	New <input type="checkbox"/>	Existing <input type="checkbox"/>	
Dwelling Type	Single Detached <input type="checkbox"/>	OR	Other <input type="checkbox"/> If other, please specify
Number of Bedrooms	_____	Design Capacity (litres/day)	_____ Whirlpool Baths/Hot tubs Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Qualified Person (if applicable)	Certificate/APENS #		
Category of Lot	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
Municipal Planning Approval	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Approval (yyyy/mm/dd)	
Assessment Report completed by:	QP1 <input type="checkbox"/>	QP2 <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please specify:			

5B - Request for Written Report for a Subdivision Proposal or Lot Assessment (Report only - no Approval issued)	
Is this a Development Officer request for a written report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposed Number of Lots:	Proposed Lot Numbers (attach list if necessary):

SECTION 6 - SUPPORTING DOCUMENTATION TO ATTACH

All supporting documentation is to be submitted in accordance with the "Approvals Procedures Regulations." If applicable, the following documents must be submitted with this Application; however, additional information may be requested.

Note: A legend must be supplied for all mapping describing symbols used, scale and north orientation.

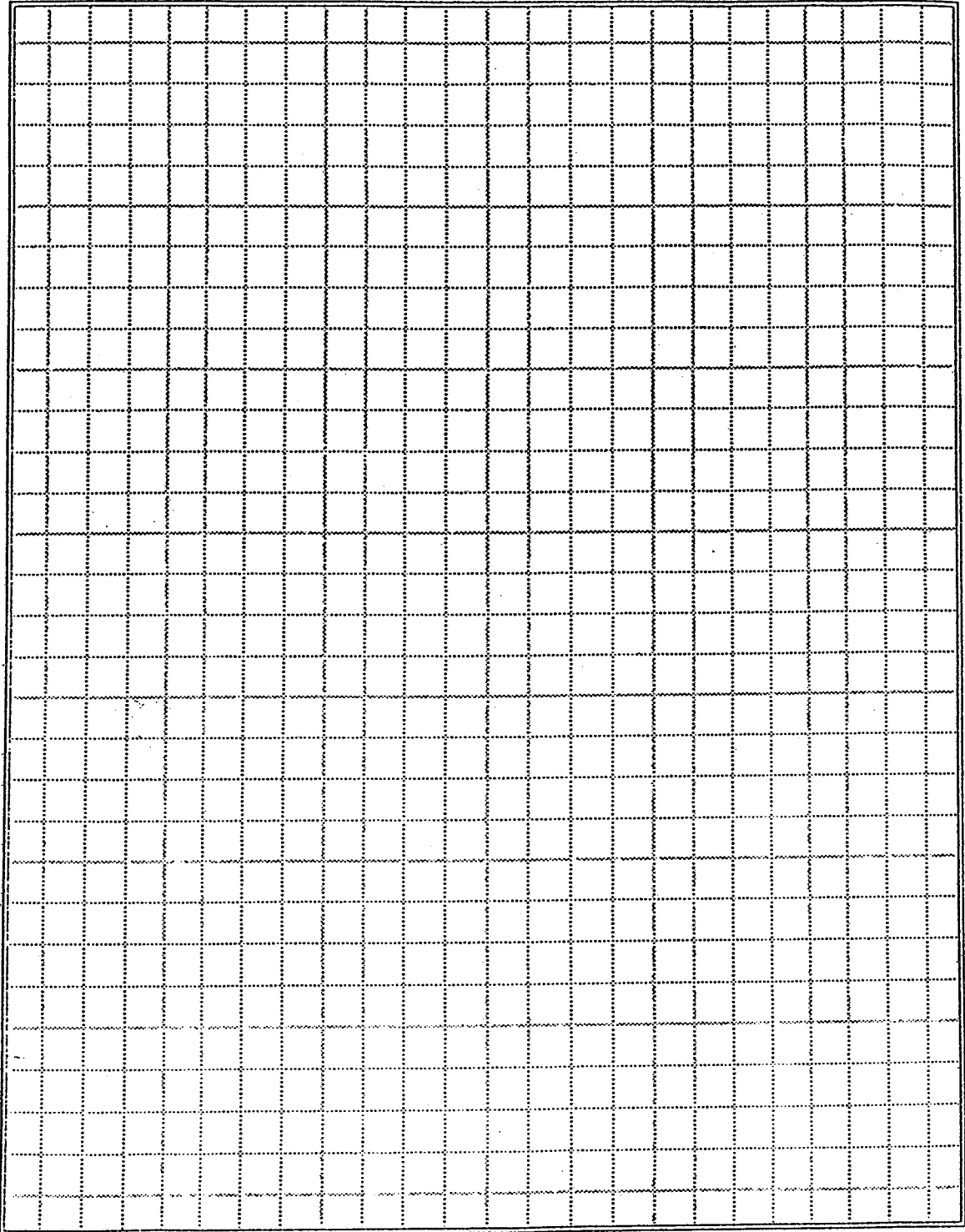
Attach for All applications	
	Copy of the property deed, lease or letter proving the applicant's legal right to conduct the activity on the site
	Sketch of lot(s), including (but not limited to): - Location of proposed buildings, wells, septic systems, roads and driveways - Distances (metres) to wells and septic systems, watercourses, wetlands, etc., within 60 metres of property lines.
	If applicable, Qualified Person's Assessment Reports and Qualified Person's System Selection (system type, size, location, etc.)

If information submitted is incomplete, or if supporting documentation is of poor quality (plans, maps, etc.), the application may be delayed, returned or rejected.

SECTION 7 - DECLARATION

Correspondence is to be returned to: Owner <input type="checkbox"/> OR Application Contact <input type="checkbox"/>	
Information in this application package which the applicant considers to be confidential business information should be clearly identified. Are you making this request? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate which information in the Supporting Documentation is considered confidential. _____ _____	
Owner's Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	
OR	
If you are acting on behalf of the owner, you must:	
1. Attach a letter of authorization from the <i>Owner</i> identified on Page 1, Section 1, of this application. 2. Identify yourself as the <i>Application Contact</i> on Page 1, Section 2, of this application. 3. Sign the declaration below.	
I certify that I am acting with the owner's full consent.	
Signature _____	Date (yyyy/mm/dd) _____
Name (Please print or type) _____	

(SKETCH OF PROPERTY)



NAME OF APPROVAL HOLDER: _____