Onsite Sewerage Management System Installation / Registration Form (Septic Tank)

To install, construct or alter a waste treatment device or a human waste storage facility or a drain connected to any such device or facility.

Registration of Existing System [ ] Registration of a New System [ ]

APPLICATION DETAILS

OWNERS

NAME

ADDRESS

PHONE NO

INSTALLATION

ADDRESS

PHONE NO

LOCATION OF ON-SITE SEWAGE MANAGEMENT SYSTEM(S)

Property Name / House No

Street / Road

Locality/Village/Town

Lot / Portion ___________ Section ___________ Deposited Plan ___________

Parish ___________ County ___________

WC Flush Capacity ___________ litres Sextic Tank Capacity ___________ litres

Collection Well Capacity ___________ Source of Water Supply ___________

Description of Tank and Brand

Type of Premises (eg dwelling, shop)

Wastes to be Connected WC

Number of Persons

Note: Please include a drawing showing the location of the sewage management system in relation to the existing building, the proposed method of septic tank effluent disposal and the type, size and manufacturers details of the septic tank or Aerated Waste Treatment Device.

SIGNED ___________________________ DATE ___________________________

OFFICE USE ONLY

ASSESSMENT No ___________ APPLICATION No ___________

DATE ___________ REGISTRATION FEE ___________