Reset

New Nouveau Brunswick

On-site Sewage System Application Instruction Sheet

Parts 1 and 2 of the application must be *fully completed* by the applicant for the application to be processed. Note that the applicant is the Licensee. Your application will not be processed until a complete application is received by the Department of Public Safety, Technical Inspection Services. Incomplete applications will not be accepted and will be returned to the applicant.

The fee for the application is $150.00. Payment is to be made at any Service New Brunswick office, online, by mail or by teleservice. All applications require a fee.

Part 2 must contain a system drawing and must show all items listed in the System Drawing check list.

Additional supporting documentation such as survey plans, topography maps, etc. may be requested by a Public Safety Inspector to assess the application.

Signatures are required on the application from the applicant and the current property owner.

If your lot does not have a 911 civic number, flagging tape or other markings must be clearly visible from the roadside as a lot indicator to the Public Safety Inspector.

Please be advised that:

- Once your application has been received by the appropriate Public Safety Inspector, up to seven (7) full business days may be required for the processing of your application;
- Your application must be approved by a Public Safety Inspector prior to the installation, construction, repair and/or replacement of the on-site sewage disposal system;
- Any changes to the application require the approval of a Public Safety Inspector;
- A test pit is required on the property for the assessment of soil conditions. The test pit must be dug and kept open until the Licensee is in receipt of an approval or refusal from a Public Safety Inspector. Please see the NB Technical Guidelines for On-site Sewage Disposal Systems for test pit requirements;
- The approval is valid for 12 months from the date of issue and is non-transferable to another party;
- All permit approvals and refusals will be addressed to the applicant (Licensee).

All Payments are to be made at SNB Offices:

Service New Brunswick offices accept and process on-site sewage disposal applications and license applications. Payments are made to the Minister of Finance at Service New Brunswick (SNB) offices or online. To pay online, please visit http://www.snb.ca/e/1000e.asp# (English) or http://www.snb.ca/f/1000f.asp (French).

To find an SNB location, please visit http://www.snb.ca/e/2000/2001e.asp (English) or http://www.snb.ca/f/2000/2001f.asp (French).

Part Two Submission via fax:

Department of Public Safety
Technical Inspection Services
ATTN: On-Site Sewage Disposal
(506) 457-7394 fax

Inspector Enquiries:

To speak with an Inspector in your Region please call between 8:15 am and 4:30 pm
Toll Free: 1-844-249-6533

Department of Justice and Public Safety
Technical Inspection Services

PID#: _____

Office Use Only **PLU: 784001**
Permit # _____
Site # _____

Application to Install an On-site Sewage Disposal System

Print Clearly **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

PART 1(pg.1 of 2) Please allow seven working days for processing of completed applications.

Licensed Installer Information (Applicant)

Licensee Name _____ Licence Number _____
Mailing Address _____
_____ Postal Code _____
Phone #: Work _____ Cell _____ Home _____ Fax _____
Language Preference: ☐ English ☐ French Email: _____

Application Type (Please Check All That Apply)

☐ Conventional System
☐ Non-conventional: ☐ Contour ☐ Fusion ☐ Jet ☐ Engineered
☐ Other (please specify _____

☐ New ☐ Replacement (specify type): ☐ Full ☐ Septic Tank Only ☐ Disposal field only
☐ Repair: (specify type) _____

NOTE: Test Pit must be left open ready for assessment until the Licensee is in receipt of an approval or refusal.

Property Information

Property Location (please give detailed directions, civic number, street, municipality):

_____
_____
_____ Lot #: _____
Property Owner: _____ PID #: _____
Property Owner Mailing Address: _____
_____
Property Owner Phone #: _____

Building Information

Type of Building: ☐ Single Family ☐ Other _____
Number of Bedrooms: ☐ 1 ☐ 2 ☐ 3 ☐ Other _____
Are there other buildings with on-site sewage services on this property? ☐ Yes ☐ No
If yes, please specify: _____

PART 1 (Pg. 2 of 2)

PID# _____

Property Owner: _____ Licensee: _____

Lot Dimensions

Total Area: _____ (m^2) Lot Dimensions: _____ (m)

Please indicate unit of measurement

Water Supply

Water Supply: (please check)

☐ **Proposed** drilled well	☐ **Proposed** municipal	☐ **Proposed** dug well	Other
☐ **Existing** drilled well	☐ **Existing** municipal	☐ **Existing** dug well	Other

Signature of Licensee: _____

APPROVAL IS REQUIRED BEFORE YOU PROCEED. Appropriate fees and supporting documentation must accompany this application. Payments may be made to the Minister of Finance at any SNB office or online.

Signature of Property Owner: _____

ATTENTION SYSTEM OWNER : As per Section 16(2) and 18 of Regulation 2009-137, under the Public Health Act, it is requirement of the licensed installer to provide to the owner of an on-site sewage disposal system the following documents within ten (10) days after the system has been covered :

- completed Certificate of Compliance,
- a copy of the plan of installation, construction, repair or replacement of the on-site sewage disposal system, and
- the operating instructions for the system

PART 2 (Pg. 1 of 3)
PID# _____
Property Owner: _____ Licensee: _____

Estimated Daily Sewage Flow

☐ 1 bdrm 750 l/d ☐ 2 bdrm 1022 l/d ☐ 3 bdrm 1365 l/d Other: _____

l/d (Show calculations – see Appendix D)

Additional fixtures (food grinder, Jacuzzi, water treatment, etc.) Specify: _____

Original Soil Description

Depth to limiting factors:
(Impermeable soil , bedrock, sandstone) _____ or ☐ > 1.8m(6ft)

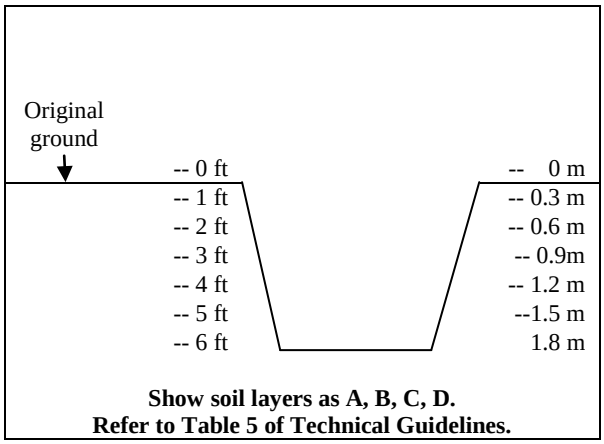
Depth to water table: _____ or ☐ > 1.8m(6ft)

Is there evidence of mottling
(Seasonal high water table) ☐ Yes ☐ No

Soil Categories: Use the categories below to identify soil layers on the sketch **(please check one)**

☐ "A" – good ☐ "B" - moderate
☐ "C" – fair ☐ "D" - unacceptable

See Table 5 of Technical Guidelines for soil category definitions.



Show soil layers as A, B, C, D.
Refer to Table 5 of Technical Guidelines.

Septic Tank Type

☐ Concrete ☐ Plastic ☐ Fibreglass Size (litres) _____

Disposal System Type (please check all that apply)

Conventional Systems:

☐ Pipe Total length of perforated pipe _____ No. of rows _____
☐ Plastic Infiltrative chamber Size of units _____ No. of units _____ No. of rows _____
☐ Concrete Leaching chamber Size of units _____ No. of units _____ No. of rows _____
☐ Other (Please specify) _____

Non-conventional Systems:

☐ Contour (Be sure to indicate on the drawing the type of contour selected, slope, length/width of trench, Reference elevation, and also identify the permeability of the contour filter sand and any imported fill.)

☐ Peat ☐ Wetland ☐ Sloping sand filter ☐ Large diameter matted Pipe
☐ Estimated sewage flow > 5460 lpd ☐ Other (specify) _____

Distribution:

☐ Gravity ☐ Siphon ☐ Pump Please specify: Pump Chamber Size: _____ and Type: _____

Elevation:

☐ Trench (in-ground) ☐ Trench (partial mound)
☐ Mound (built-up) Depth of fill under pipe or chamber : _____

<u>If pressure dosing of field is required, please specify dosing rate</u>: _____

PID# _____

Property Owner: _____ Licensee: _____

Clearance Distances

Please check all that apply

Septic Tank distance is equal or greater than:

1.5 m (5ft) from any building	☐ Yes	☐ No	☐ Not applicable
15 m (50) ft from any drilled well	☐ Yes	☐ No	☐ Not applicable
30 m (100 ft) from any dug well used for potable water	☐ Yes	☐ No	☐ Not applicable
30 m (100 ft) from any recreational lakes or streams	☐ Yes	☐ No	☐ Not applicable
90 m (300 ft) from lakes or streams used for potable water	☐ Yes	☐ No	☐ Not applicable
Are there any secondary or abandoned wells present?	☐ Yes	☐ No	☐ Not applicable

If yes, indicate well type and distance to well(s): _____

Disposal Field distance is equal or greater than:

1.2 m (4 ft) above bedrock/groundwater/impervious layer	☐ Yes	☐ No	☐ Not applicable
3.0 m (10 ft) from any building	☐ Yes	☐ No	☐ Not applicable
3.0 m (10 ft) from any property line	☐ Yes	☐ No	☐ Not applicable
15 m (50 ft) from the high water line of any body of water	☐ Yes	☐ No	☐ Not applicable
23 m (75 ft) from any drilled well	☐ Yes	☐ No	☐ Not applicable
30 m (100 ft) from any dug well used for potable water	☐ Yes	☐ No	☐ Not applicable
75 m (250 ft) from lakes or streams used for potable water	☐ Yes	☐ No	☐ Not applicable
3.0 m (10 ft) from foundation drains or any part thereof	☐ Yes	☐ No	☐ Not applicable
Are there any secondary or abandoned wells present?	☐ Yes	☐ No	☐ Not applicable

If yes, indicate well type and distance to well(s): _____

IMPORTANT

THE *CLEAN WATER ACT* MAY HAVE MORE STRINGENT SETBACK DISTANCES RELATING TO WORK CONDUCTED WITHIN 30 M OF A WATERCOURSE OR WETLAND. IT IS THE RESPONSIBILITY OF THE LICENSEE TO ENSURE ALL PROVINCIAL REGULATIONS ARE RESPECTED. IF INSTALLATION OF AN ON-SITE SEWAGE DISPOSAL SYSTEM OCCURS WITHIN 30 M OF WATERCOURSE OR WETLAND, THE LICENSEE MUST CONTACT THE DEPARTMENT OF ENVIRONMENT IN ACCORADANCE WITH SECTION 15 (1) OF THE *CLEAN WATER ACT*.

System Drawing

You must provide an overhead drawing of the system you plan to install. Space is provided page 3. An information package is available from Department of Public Safety - Technical Inspection Services Branch. The drawing must include the following:

- All applicable clearance distances indicated in the Clearance Distances section of this application.
- Design, including
  - property dimensions, including easements and/or right of ways
  - percentage and direction of slope of the property, dimensions and layout of the on-site sewage disposal system, including system type, number and length of rows in field, lead center distances, and locations of all applicable components
  - separation distances between both the septic tank and disposal field and building locations, property lines, property well(s), adjacent well(s), building foundation drainage system and any part of, and bodies of water within 100m of any part of the proposed system
  - finished ground elevation of the area where the system is or is to be located in reference to the original ground elevation, including apron and taper where applicable
  - amount of clean crushed rock or sifted gravel around distribution pipe/concrete leaching galleys (where applicable)
  - system materials specifications or, if one is used, the system-manufactured materials specifications
  - any additional information as requested by the Minister or delegate that relates to the work to be done under the approval

PART 2 (Pg. 3 of 3)

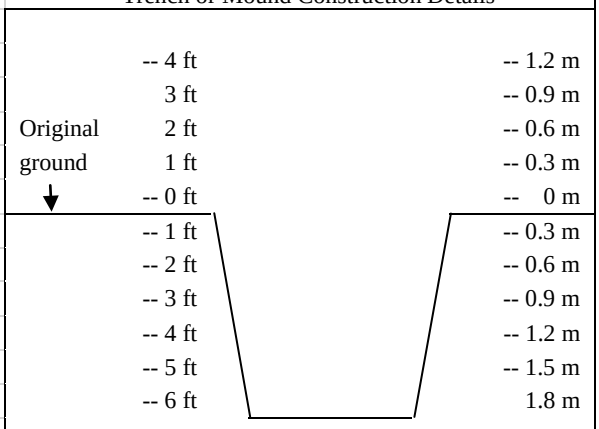
PID# _____

Property Owner: _____ Licensee: _____

This must be drawn to scale if the property is 2000 sq. m or less.

OVERHEAD VIEW

* Trench or Mound Construction Details



Show location of pipe invert (and crushed rock if applicable) in relation to original ground

*Trench or Mound Construction Details must include finished elevation, depth to limiting factor, trench design, etc.

_____ _____

Signature of Licensee **Date**

_____ _____

Signature of System Owner **Date**

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