

On-site Sewage System Application Instruction Sheet

Please read carefully to ensure there are no delays in processing. Incomplete applications will not be accepted and will be returned. Note that the applicant is the Licensee.

Your application must contain a system drawing. Refer to pages 6 and 7 for requirements. Additional supporting documentation such as survey plans, topography maps, etc. may be requested by an inspector to assess the application.

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 inspector.

Signatures are required on the application from both the applicant (licensee) and the current property owner.

Please be advised that:

- Once your application has been received by the appropriate inspector, up to seven (7) full business days may be required for the processing of your application;
- Your application must be approved by an 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 an 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 an inspector. Refer to the [New Brunswick 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.

The fee for the application is \$150.00. Payment can be made in person at any [SNB Service Centre](#) or [online](#).

Submission via email: On-Site.SewageDisposal@gnb.ca

Submission via fax: (506) 457-7394

ATTN: On-Site Sewage Disposal

Inspector Enquiries: 1-844-249-6533 (calls are answered 8:15am to 4:30pm except weekends and holidays)

PID #: _____



Permit: _____

Site #: _____

Application to Install an On-site Sewage Disposal System

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please allow seven working days for processing of completed applications

| LICENSED INSTALLER INFORMATION (APPLICANT) | | | | | |
|--|----------------------------------|---------------------------------|--------|----------------|-----|
| Licensee name | | | | License number | |
| Mailing address | | | | | |
| | | | | Postal code | |
| Telephone | (work) | | (cell) | | Fax |
| Language preference | <input type="checkbox"/> English | <input type="checkbox"/> French | Email | | |

| PROPERTY INFORMATION | | | | | |
|---|--|-----------|--|-------|--|
| Property location (please give detailed directions, civic number, street, municipality) | | | | | |
| | | | | | |
| | | | | | |
| Lot # | | | | | |
| Property owner | | Telephone | | Email | |
| Property Owners Address (including postal code) | | | | | |

| LOT DIMENSIONS | | | | | |
|----------------|--|-------------------|----------------|---------|---------|
| Total area | | (m ²) | Lot dimensions | Width : | Depth : |
| | | | | | (m) |

| APPLICATION TYPE (PLEASE CHECK ALL THAT APPLY) | |
|---|--|
| <input type="checkbox"/> Conventional | |
| <input type="checkbox"/> Non-Conventional (select type) | |
| <input type="checkbox"/> Engineered | |
| <input type="checkbox"/> Non-Conventional license (specify) : | |
| <input type="checkbox"/> Holding Tank (Min. 2000 gallon) (will only be considered when a conditions under 4.4.5 of the Technical Guidelines is met) | |
| Note: to recommend installation of holding tank, the installer must provide proof of lack of options available along with a letter stamped by an engineer stating there is no engineered solution available. | |
| <input type="checkbox"/> Pit Privy (specify type) (Will only be considered when the lot has no gray water being discharged (i.e., no well, no electricity). | |
| <input type="checkbox"/> Earthen Privy | |
| <input type="checkbox"/> Vault Privy | |

PID #: _____

TYPE OF INSTALLATION

☐ New

☐ Replacement (specify type)

☐ Full

☐ Septic tank only

☐ Disposal field only

☐ Repair (specify type)

BUILDING AND SEWAGE FLOW INFORMATION

Type of building Single family ☐ 1 bedroom 750l/d ☐ 2 bedroom 1,022l/d ☐ 3 bedroom 1,365l/d ☐ 4 bedroom 1,705l/d

☐ Other (specify):

If Other, show calculations – As per Appendix D

Additional fixtures (Jacuzzi, water treatment, grease interceptor, etc.)

☐ Yes ☐ No If yes, please specify:

Are there other buildings with on-site sewage services on this property?

☐ Yes ☐ No If yes, please specify:

Are there other buildings that require on-site sewage services on this property?

☐ Yes ☐ No If yes, please specify:

WATER SUPPLY

☐ Proposed – Drilled Well

☐ Proposed - Dug well

☐ Proposed - Municipal Water

☐ Existing – Drilled Well

☐ Existing – Dug Well

☐ Existing – Municipal Water

☐ Other (Please Specify) :

PID #: _____

SEPTIC TANK TYPE

☐ Concrete ☐ Plastic ☐ Fiberglass ☐ Holding Tank Size (litres) _____

DISPOSAL SYSTEM TYPE (PLEASE CHECK ALL THAT APPLY)

Conventional Systems

☐ Pipe

Total length of perforated pipe: _____

Number of rows: _____

☐ Plastic infiltrative chamber

Size of units: _____

Number of units: _____

Number of rows: _____

☐ Concrete leaching chamber

Number of units: _____

Number of rows: _____

Non-conventional System

☐ Specify Type : _____

Distribution

☐ Gravity

☐ Siphon

☐ Pump Pump chamber size: _____ Pump chamber type : ☐ Cement ☐ Fibreglass ☐ Plastic

If pressure dosing of field is required, please specify dosing rate and Volume per dose % L or Gallons

Elevation

☐ Trench (in-ground)

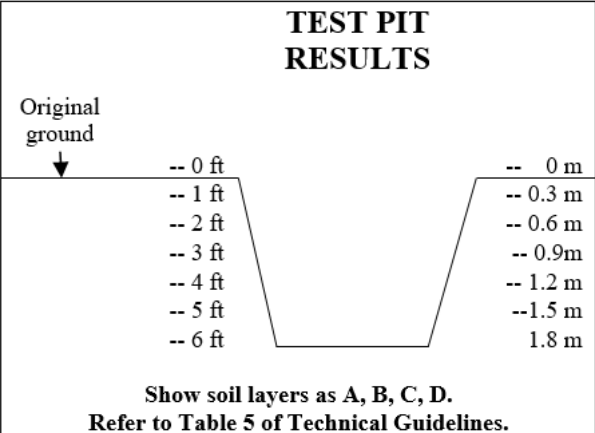
☐ Mound (built-up) Depth of sand under pipe or chamber _____

PID #: _____

| CLEARANCE DISTANCE | |
|---|--|
| Please check all that apply: | |
| Septic tank distance is equal or greater than: | |
| 1.5 m (5 ft) from any building | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 15 m (50 ft) from any drilled well | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 30 m (100 ft) from any dug well used for potable water | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 15 m (50 ft) from any recreational lakes or streams | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 90 m (300 ft) from lakes or streams used for potable water | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| Are there any secondary or abandoned well present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 3.0 m (10 ft) from any building | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 3.0 m (10 ft) from any property line | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 15 m (50 ft) from the high-water line of any body of water | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 23 m (75 ft) from any drilled well | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 30 m (100 ft) from any dug well used for potable water | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 75 m (250 ft) from lakes or streams used for potable water | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 3.0 m (10 ft) from foundation drains or any part thereof | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| Are there any secondary or abandoned wells present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| If yes, indicate well type and distance to well(s): | |

| ORIGINAL SOIL DESCRIPTION | | | |
|--|---|----|---|
| **TEST PIT LOCATION MUST BE SHOWN ON THE PLAN DRAWING** | | | |
| Depth to limiting factors: (impermeable soil, bedrock, sandstone) | | or | <input type="checkbox"/> > 1.8 m (6 ft) |
| Depth to water table: | | or | <input type="checkbox"/> > 1.8 m (6 ft) |
| Is there evidence of mottling? (Seasonal high-water table) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Soil categories: Use the categories below to identify soil layers on the sketch (please check one). | | | |
| <input type="checkbox"/> "A" – Good | <input type="checkbox"/> "B" – Moderate | | |
| <input type="checkbox"/> "C" – Fair | <input type="checkbox"/> "D" – Unacceptable | | |
| See Table 5 of Technical Guidelines for soil category definitions. | | | |

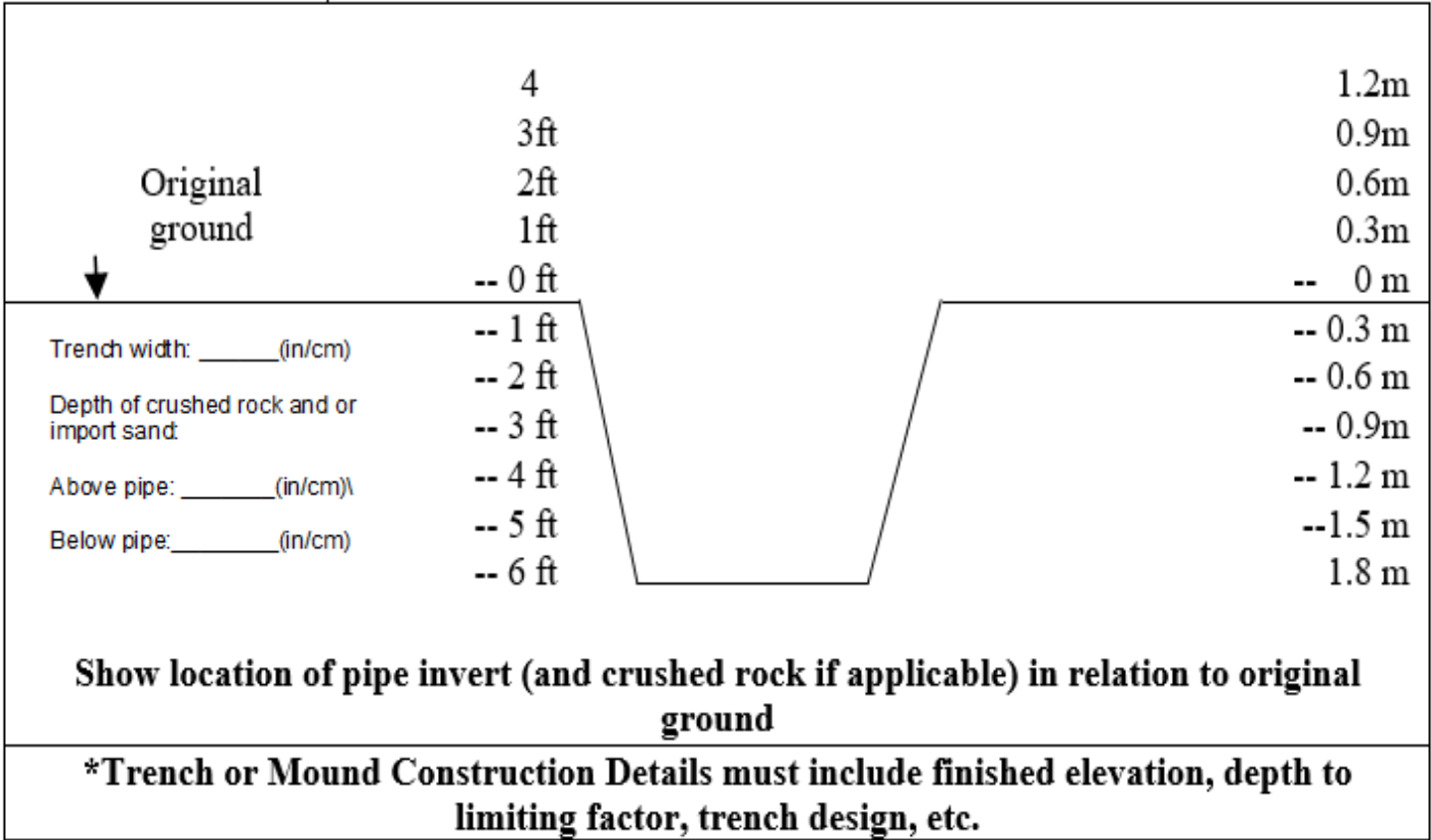
TEST PIT RESULTS



PID #: _____

| TRENCH OR MOUND CONSTRUCTION DETAILS DRAWING | |
|---|--|
| The Drawing Must Include the following: | |
| <ul style="list-style-type: none">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 applicableamount 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 | |

*** Trench or Mound Construction Details**



PID #: _____

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)
- the operating instructions for the system

Privacy Statement

Should you decide to provide all of the information requested on the form, it is important to know that its submission constitutes consent to the collection, use and disclosure of your personal information. Provision of the information requested is voluntary and you may, without prejudice, decline to respond which might prevent us from processing your request.

The collection, use and disclosure of personal information is protected by the *Right to Information and Protection of Privacy Act (RTIPPA)*, *Personal Health Information Privacy and Access Act (PHIPAA)* and all other applicable legislation, regulation or policy.

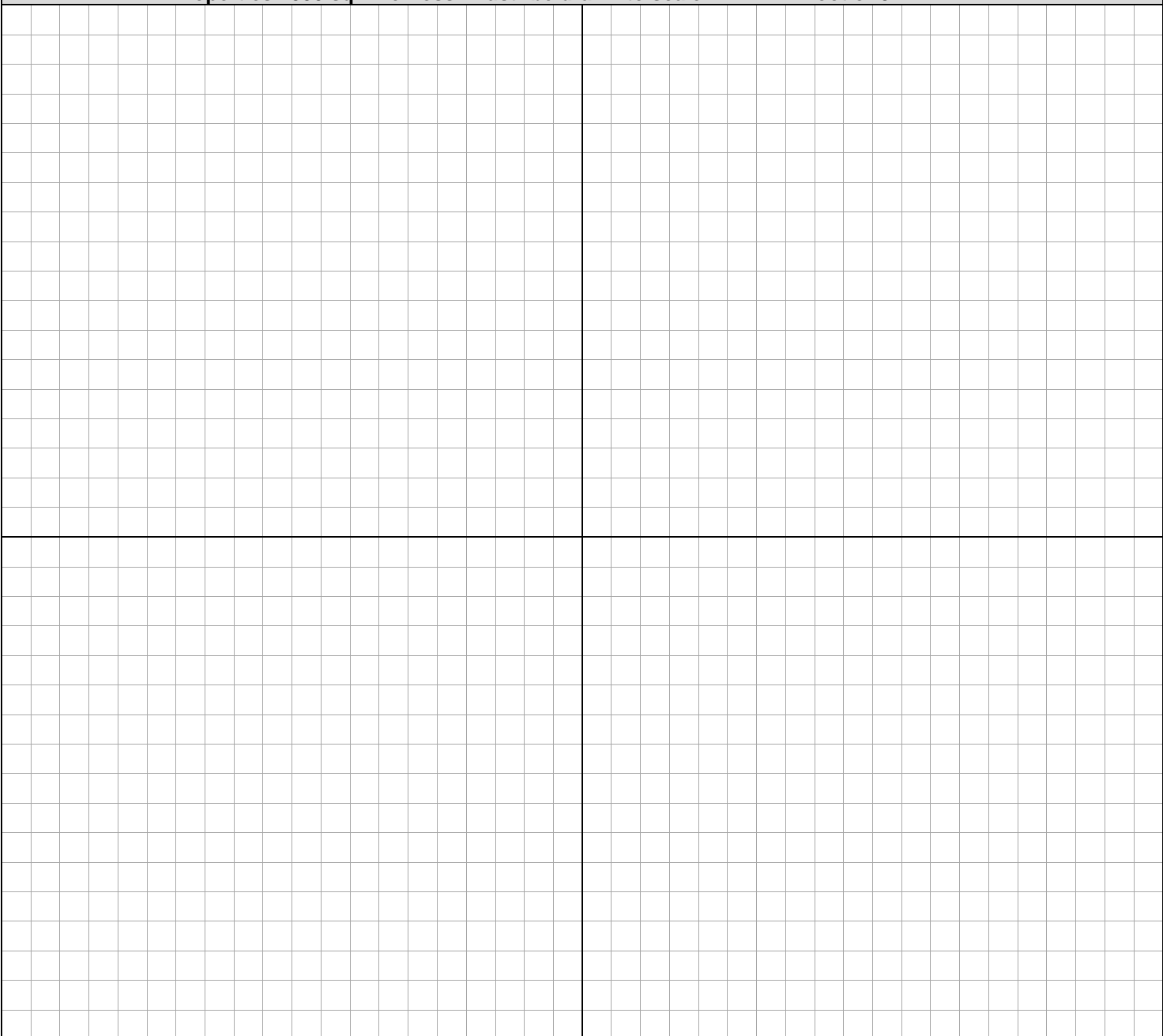
<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/HealthActs/PrivacyNotice.pdf>

SYSTEM DRAWING

You must provide an overhead drawing of the system you plan to install. 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

PID #: _____

| | |
|--|--|
| <p><u>*All set-back distances are required on the drawing*</u></p> <p><u>OVERHEAD VIEW</u></p> <p>Properties 2000 sq. m or less *Must* be drawn to scale: 1 mm = 1 foot or 5 mm = 1 m</p> | |
|  | |

| | |
|---|--------------|
| Name of licensee (please print): | |
| Signature of licensee: | Date: |
| | |
| Name of property owner (please print): | |
| Signature property owner: | Date: |