

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 Septic 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 _____