



## CLIENT / SITE DECLARATION FORM 2021

**The Purpose:** The following questions will allow us to properly and accurately plan a system to suit the needs of your family and the requirements of the home or building and the property itself. Please answer as honestly and carefully as possible and do not be afraid to ask for clarification if you aren't sure of something

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What are you looking for?

Circle all that apply

Site Assessment    Septic Planning    Septic Install    Excavation    Road Building    Land Clearing    Landscaping

OTHER: \_\_\_\_\_

### **Property Information**

**Home Address:** \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Legal Description: \_\_\_\_\_

P.I.D. #: \_\_\_\_\_ Folio #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ acres

**Planning Site Address (if different than home address):** \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description: \_\_\_\_\_

P.I.D. #: \_\_\_\_\_ Folio #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ acres

**Are you the property owner:** YES / NO

If no, please supply written documentation proving that the property owner has authorized **WEST KOOTENAY SEPTIC SOLUTIONS INC.** to collect information and provide a quote or a plan for a new system for this property.

Does this property have tenants: YES / NO

Are the tenants aware of the plans to install a new septic system: YES / NO / Don't Know

Has the property been recently surveyed and a survey plans available? YES / NO

Are the property lines clearly marked/evident and not in dispute? YES / NO

### **Drinking water source:**

Is the water source from a city source / drilled well / shallow well / other: \_\_\_\_\_

If a well, where is the water source located on the property: \_\_\_\_\_

Is water treatment equipment currently installed? YES / NO

If so, what does the equipment do? (I.E. iron removal, disinfection)? \_\_\_\_\_

Has the water been tested by an accredited laboratory? YES / NO

If so, are the results available for review? \_\_\_\_\_

### **The Onsite Sewage System**

Will this plan for a new home or is this for a replacement septic system? \_\_\_\_\_

Do you have all paperwork on file with the Health Authority? YES / NO

\*For systems built prior to May 1, 2005, the paperwork on file with Health is called the Authorization to Operate.

\*For systems built May 1 2005 to present, the paperwork is called the Final Filing Document.



Do you have as-built plans, operating and maintenance instructions, or similar details: YES / NO

Is there a Maintenance Provider/Service Technician under contract to maintain the system? YES / NO

If so, are the maintenance reports available for review? YES / NO

Are you aware of any modifications or repairs made to the system? YES / NO

If yes, what, where and when? \_\_\_\_\_

Was it done with a permit/filing? YES / NO

Do you have the Land Title paperwork: YES / NO

Please describe any restrictive covenants, easements, right of ways, etc.? \_\_\_\_\_

**Planning: The Home / Building**

Do you have plans/drawings of any proposed changes for a new home/building or addition? YES / NO

Age of the home/building: \_\_\_\_\_ Floor space in sq. ft. or sq. m.: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of people to be living in the home: \_\_\_\_\_

How many times a year do you entertain and maximum number of guests? \_\_\_\_\_

How long do guests typically stay (half a day, whole day, week at a time)? \_\_\_\_\_

Do you plan to rent out this home/building? YES / NO

Will there be any additional rental suites? YES / NO

Will any of the following activities be conducted in the home? **Circle all that apply**

wine making - catering service/food preparation - kennel service - equipment repair - day care  
hair & beauty salon - photographic processing - home-based business where employees work

Other: \_\_\_\_\_

Average number of laundry loads per week: \_\_\_\_\_

Is bleach used in large amounts and on a regular basis? YES / NO / SOMETIMES

**Toilets:** If adding or replacing toilets, what type will be installed? Ultra low flush / Low Flush / Regular

If adding or replacing bathtubs, what type will be installed?

Standard Size / Long (over 5 ft.) / Two Seater / Soaker Tub (deep) / Water / Air Jet

Is anyone who would regularly use the system on any long term antibiotics, undergoing chemotherapy, kidney dialysis, etc.? (This information will be kept confidential but may affect system performance) YES / NO

**Hot Tub:** Add / Replace / Neither

If adding, where on property? Add / Replace / Neither \_\_\_\_\_

**Swimming Pool:** Add / Replace / Neither

If adding, where on property? \_\_\_\_\_

Out-buildings, workshops, greenhouses, etc.: Add / Replace / Neither

If adding, what and where? \_\_\_\_\_

Landscaping, garden: If changing / adding, what and where?  
\_\_\_\_\_

Do you have any questions or concerns you would like us to address?  
\_\_\_\_\_

**PLEASE SEND ANY ADDITIONAL INFORMATION**