



CLIENT / HOME OWNER / SITE DECLARATION FORM

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: _____ Year: _____

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. PLEASE ATTACH

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

SIGNATURE: _____

DATE: _____