

**APPLICATION FOR A PERMIT TO INSTALL  
 A SEWAGE DISPOSAL SYSTEM**

Date Received

Review date and Initials

This application must be fully completed prior to being submitted to Environmental Health Services. Failure to do so may result in delays in issuing your Permit to Install a Sewage Disposal System.

**Applicant's Name** \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address & Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Property Owner's Name** (if different than applicant's) \_\_\_\_\_

Mailing Address & Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Installer's Name** \_\_\_\_\_ Telephone \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address & Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Legal Description** Lot # \_\_\_\_\_ Plan # \_\_\_\_\_ Subdivision \_\_\_\_\_

Municipal Address (if known) \_\_\_\_\_

**Type of premises**

Residence, number of bedrooms \_\_\_\_\_  Work Camp, capacity \_\_\_\_\_

Business, describe \_\_\_\_\_

Other, describe \_\_\_\_\_

**Estimated Daily Sewage Flow** \_\_\_\_\_

**Note:** To estimate your daily sewage flow, see the **Estimated Sewage Flows Per Day** table in *Design Specifications for Sewage Disposal Systems* manual

**Water Source**     Well                       Water Holding Tank,  inside; or  buried  
                           Surface Water             Other, describe (e.g., spring)

**Type of System (check all that are applicable)**

New, and if so, are there existing sewage disposal systems on the property  
 No; or  Yes, provide permit number(s) \_\_\_\_\_

Replacement, complete *Notification of Abandonment and Reclamation of a Sewage Disposal System* form upon completion of work

Septic Tank     Soil Absorption System     Sewage Holding Tank

Other, describe \_\_\_\_\_

**If a Sewage Holding Tank is being installed, provide rationale**

Soil absorption conditions make the lot unsuitable for a ground absorption system

The location of the absorption field cannot comply with provisions of the Regulation

Other, explain \_\_\_\_\_

**Proposed date of installation of this sewage disposal system** \_\_\_\_\_

**Soils Investigation(s) and Percolation Test(s)**

Perform at least 1 soils investigation and 1 percolation test in accordance with Septic Systems in the Yukon: Guidelines for Soils Investigation & Percolation Tests and report the information below. For systems which will receive an estimated daily sewage flow of 2850 liters (625 imperial gallons) or more - equivalent to 5 bedrooms or more, at least 2 soils investigations and 2 percolation tests must be done.

**Soils Investigation: test hole 1**

Depth	Description of Soil
0.0m (0'0")	
0.5m (1'7")	
1.0m (3'3")	
1.5m (5'0")	
2.0m (6'6")	
2.5m (8'3")	
3.0m (9'9")	
3.5m (11'5")	

**Soils Investigation: test hole 2**

Depth	Description of Soil
0.0m (0'0")	
0.5m (1'7")	
1.0m (3'3")	
1.5m (5'0")	
2.0m (6'6")	
2.5m (8'3")	
3.0m (9'9")	
3.5m (11'5")	

There must be at least 1.2 meters (4 feet) of receiving soils below the soil absorption system. The bottom of the soil absorption system must be at least 1.2 meters (4 feet) away from the seasonal high ground water level or an impervious layer of soil or rock (measured from bottom of drain rock or chambers).

Was ground water; a seasonal high ground water level; impervious soil (e.g., blue clay); or bed rock encountered while conducting the soils investigation(s):  Yes  No

If so, what was encountered and at what depth \_\_\_\_\_

**Percolation Test Data: test hole 1**

**Note:** To ensure adequate saturation of soil, you must continue taking readings until 3 consecutive percolation rates vary by no more than 10 %, and use those readings in your table.

Start Time	End Time	Drop in Water Level	Percolation Rate min / 25 mm (min / 1")
1.		25 mm (1 inch)	/ 25 mm (1 inch)
2.		25 mm (1 inch)	/ 25 mm (1 inch)
3.		25 mm (1 inch)	/ 25 mm (1 inch)

**Percolation Test Data: test hole 2**

Start Time	End Time	Drop in Water Level	Percolation Rate min / 25 mm (min / 1")
1.		25 mm (1 inch)	/ 25 mm (1 inch)
2.		25 mm (1 inch)	/ 25 mm (1 inch)
3.		25 mm (1 inch)	/ 25 mm (1 inch)

Average percolation rate: \_\_\_\_\_ minutes per 25mm (1 inch)

Depth at which you conducted the percolation test(s): Test hole 1 \_\_\_\_\_; Test hole 2 \_\_\_\_\_

**Note:** Percolation tests must be conducted at the depth at which the system will be installed

Soils investigation(s) and percolation test(s) were performed by:

Performed by (please print) \_\_\_\_\_ Date \_\_\_\_\_

## Septic Tank or Sewage Holding Tank Details

Meets CAN/ CSA B-66?

Yes  No (If no, certification equivalency must be confirmed by a qualified engineer)

Manufacturer \_\_\_\_\_ Supplier \_\_\_\_\_

Material of Construction  Fiberglass  Other, describe \_\_\_\_\_

Total Volume \_\_\_\_\_ Working Volume, does not include siphon / pump chamber \_\_\_\_\_

If 2 or more septic tanks are proposed, provide details \_\_\_\_\_

For Septic Tanks, means of discharging sewage:  Trickle\*  Siphon  Pump-up

If a pump-up system is to be installed, provide the make and model of the pump \_\_\_\_\_

\* Trickle Tanks will be permitted only in special circumstances.

Tanks with Effluent Filters are strongly recommended.

For all pump-up systems and Sewage Holding Tanks, a mandatory high level alarm & automatic water shut-off must be installed by a qualified electrical contractor or a certified electrician. Certified electrician must complete the Electrical Assurance form for the installation.

**Soil Absorption System** (check one: all measurements are in  feet; or  meters)

Proposed depth of distribution pipe or chambers below natural ground level \_\_\_\_\_

Soil absorption system will utilize (check one):

Absorption bed; dimensions: length \_\_\_\_\_ ; width \_\_\_\_\_ ; total area \_\_\_\_\_

Trench(es): number of trenches \_\_\_\_\_ ; length \_\_\_\_\_ ; width \_\_\_\_\_

Soil absorption system configuration (check one):

Perforated Pipe & Drain Rock; depth of drain rock below perforated pipe? \_\_\_\_\_

Chambers; make and model of product to be used? \_\_\_\_\_

If the soil absorption system is installed in soils with a percolation rate less than five minutes:

A 0.6 meter (2 foot) sand filter will be installed (a sample of filter sand must be submitted)

Source of filter sand: \_\_\_\_\_

*For Environmental Health Services Use Only*

**Proposed Layout** (check one: all measurements are in  feet; or  meters)

Lot Dimensions \_\_\_\_\_ x \_\_\_\_\_ Hectares/Acres \_\_\_\_\_

Provide a line drawing on the following page, or attach separately, which includes the location of the (check box when completed):

- |  |  |
|--|--|
| <input type="checkbox"/> building(s) which this sewage disposal system will be connected to;                                     | <input type="checkbox"/> lot boundaries;   |
| <input type="checkbox"/> pipe from building(s) to tank. *Be advised that there shall be no bends in pipe from building to tank.* | <input type="checkbox"/> water wells;  |
| <input type="checkbox"/> locations of test holes used for soils investigation(s) and percolation test(s);                        | <input type="checkbox"/> water bodies (rivers, streams, lakes, ponds), including seasonal high water mark; |
| <input type="checkbox"/> septic tank;  | <input type="checkbox"/> roads and driveways;  |
| <input type="checkbox"/> soil absorption system (absorption bed or trenches);  | <input type="checkbox"/> pre-existing or abandoned sewage disposal systems; and                            |
| <input type="checkbox"/> stand pipes (clean-outs & monitors);  | <input type="checkbox"/> any other buildings or structures.  |

Setback distances must also be provided, and include those between this sewage disposal system and:

- |  |  |
|--|--|
| <input type="checkbox"/> any buildings(s); | <input type="checkbox"/> roads and driveways; and      |
| <input type="checkbox"/> lot boundaries;   | <input type="checkbox"/> water wells and water bodies. |



**Declaration**

In accordance with the requirements of the *Public Health & Safety Act*, Sewage Disposal Systems Regulation, I hereby apply for a permit to install, repair, or extend a sewage disposal system.

I declare that the information submitted in this application is accurate and meets the requirements of the regulation.

I understand that a Health Officer has the authority to conduct an inspection of the property where this sewage disposal system will be installed in order to determine compliance with the Act and regulation.

I will notify a Health Officer 72 hours prior to backfilling this sewage disposal system.

\_\_\_\_\_  
Signature of Applicant, Property Owner, or Installer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant, Property Owner, or Installer (please print)

Personal information contained on this form is collected under the Public Health and Safety Act and associated Regulations and will be used by Environmental Health Services for research, statistical and enforcement purposes. All collected information will be managed in accordance with the Access to Information and Protection of Privacy Act.

**Submit this application to:**

Environmental Health Services #2 Hospital Road, Whitehorse, YT Y1A 3H8  
Phone: 867.667.8391 or 1.800.661.0408 ext. 8391; Fax: 867.667.8322  
Email: [environmental.health@gov.yk.ca](mailto:environmental.health@gov.yk.ca)