

**INSTRUCTIONS:**

1. The owner or agent shall contact Environmental Health Office at least 72 hours before backfilling.
2. Details of any variation from the system proposed and a copy of the appropriate authorization of such variation must be supplied with this notification.
3. Attach photographs of the system installed, indicating clearly its layout, components (including the high level indicator), design features and location on the property. **Identify on the back of each photograph the legal description and permit number.**
4. Prior to the issuance of the letter indicating the completion of the permitting process (should the installation appear satisfactory), this form and attached photographs are to be submitted to:  
Environmental Health Services • #2 Hospital Road, Whitehorse, Yukon Y1A 3H8  
phone: (867) 667-8391 • fax: (867) 667-8322 • e-mail: Environmental.Health@gov.yk.ca

**NOTIFICATION:**

Please be advised that an Environmental Health Officer (EHO) was notified (prior to backfilling) that on \_\_\_\_\_ a sewage holding tank was being installed by self  or:

(date) Name of installer: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_

at \_\_\_\_\_  
(legal description, municipal address, if applicable & plan number)

and that said system was installed in accordance with the permit numbered \_\_\_\_\_  
issued on \_\_\_\_\_.  
(date)

**UNDERTAKING:**

As the owner of the above listed property, I undertake to:

- inspect and monitor the septic system periodically for integrity and operation;
- maintain and utilize the system so as to protect the environment and human health;
- protect the system from vehicular traffic; and
- provide an approved means of safely disposing of the sewage.

Name of Education (pump-out) services: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Or describe other arrangements: \_\_\_\_\_  
\_\_\_\_\_

Signature of owner: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Print name: \_\_\_\_\_

Date signed: \_\_\_\_\_