

SEWERAGE SYSTEM MAINTENANCE SCHEDULE

Environmental Assessment

Please complete and indicate on the form below the Maintenance Schedule for the installed sewerage system. Please click on only one of the Maintenance Schedule choices, if the length of time is not listed, choose "Other" and manually enter the length of time.

Date (dd / mm / yyyy):		Registration #	
Tax Assessment Roll #:		PID:	
Civic Address:			
Legal Description:			
Maintenance Schedule (select only one): <input type="checkbox"/> 1 month <input type="checkbox"/> 2 years <input type="checkbox"/> 6 months <input type="checkbox"/> 5 years <input type="checkbox"/> 7 months <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> 12 months			
Date (dd / mmm / yyyy)	Time (24 hour)	Authorized Person Name (please print)	Designation

Signature	Health Authority Use Only
Authorized Person's Seal	

Health Authority Use Only

Date (dd / mm / yyyy)	Time (24 hour)	Verified By Name / Initials	Designation
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