



Porcupine Health Unit - Public Health Inspection Services
REQUEST FOR FILE SEARCH related to a Private Sewage Disposal System

Please complete the following and return with the appropriate fee to the nearest Porcupine Health Unit office. **NOTE: If the information requested below is NOT COMPLETE or is INCORRECT, this application CANNOT be processed.**

APPLICANT

Requested by:		
Mailing Address: Municipality:	Postal code:	Phone no.: () -

OWNER

Present owner:
Street address:

LEGAL DESCRIPTION

Lot:	Sub lot:	Concession:	Township:
City/Town:		Other:	

SYSTEM INSTALLATION/UPGRADE

Approximate date of system's installation:
Owner at the time of installation (if more than one owner, please attach a list, chain of title may be used for such):
Has any upgrading or work been completed to the system since its original installation? <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Yes If yes, Year: Owner's Name at time of upgrading:

I certify the above information to be correct.

Signature of applicant: _____ Date: |YEAR |MONTH |DAY

I authorize the Porcupine Health Unit to release any information relating to the sewage system including outstanding work orders for the above-noted property in accordance with the Ontario Building Code.

Signature of present owner: _____ Date: |YEAR |MONTH |DAY

FOR OFFICE USE ONLY

File Number: _____
 Receipt No.: _____ Date Received: |YEAR |MONTH |DAY Amount Paid: _____

Based on the above information received, we were unable to locate a record of the related sewage disposal system in our files.

Based on the date of installation given, our records do not reflect any information.

Copy of Permit No. _____ enclosed.

Use Permit/Sewage System as Constructed **was not** issued.

Use Permit/Sewage System as Constructed **was** issued or system approval date |YEAR |MONTH |DAY

Tank Size: _____ Tile Bed Size: _____ Filter Bed Size: _____

Please note that the file search does not guarantee that the system is functioning properly or will continue to function.

There **ARE** outstanding work orders against this sewage disposal system.

Public Health Inspector: _____ Date: |YEAR |MONTH |DAY

Personal information contained in this form is collected under the authority of the Building Code Act. This information will be used for the provision of records release of information.

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|--|--|---|--|---|---|--|---|---|
| <input type="checkbox"/> TIMMINS
169 Pine St. South
Postal Bag 2012,
P4N 8B7
Tel. (705) 267-1181
Fax(705) 264-3980 | <input type="checkbox"/> COCHRANE
Minto Centre
Box 550, P0L 1C0
Tel. (705) 272-3394
Fax(705) 272-4996 | <input type="checkbox"/> HEARST
Medical Centre
Box 2470, P0L 1N0
Tel. (705) 362-4854
Fax(705) 362-7462 | <input type="checkbox"/> HORNEPAYNE
247 Third Avenue
Box 127, P0M 1Z0
Tel. (807) 868-2091
Fax(807) 868-2225 | <input type="checkbox"/> IROQUOIS FALLS
58A Anson Drive
Box 575, P0K 1G0
Tel. (705) 258-2247
Fax(705) 258-2249 | <input type="checkbox"/> KAPUSKASING
4 Ash, P5N 2C8
Tel. (705) 335-6101
Fax(705) 337-1895 | <input type="checkbox"/> MATHESON
Bingham Hospital
Box 238, P0K 1N0
Tel. (705) 273-2954
Fax(705) 273-2522 | <input type="checkbox"/> MOOSONEE
38 Revillon Road
Box 57, P0L 1Y0
Tel. (705) 336-2294
Fax(705) 336-2919 | <input type="checkbox"/> SMOOTH ROCK FALLS
141 5 th Street
Box 388, P0L 2B0
Tel. (705) 338-2654
Fax(705) 338-2250 |
|--|--|---|--|---|---|--|---|---|