

COPY OF SEPTIC RECORD

(FOR PROPERTY OWNER AT TIME OF INSTALLATION)

Environmental Health Services
169 Pine Street South, Timmins, ON P4N 7K3
Tel: 705.267.1181 Ext. 2996 or 1.800.461.1818
Fax: 705.264.3980
inspections@porcupinehu.on.ca



Cash Debit MO Cheque Visa MC

Health Unit file number: _____ Date received: |YEAR |MONTH |DAY Receipt: _____

The Health Unit requires 15 working days to complete a copy of record. This form is to be accompanied by a **\$75.00 fee** payable to the Porcupine Health Unit. Subject to change without notification. Note: If the information requested below is NOT COMPLETE or is INCORRECT, this application CANNOT be processed.

Please print clearly.

Request from: _____

Mailing address: _____ City/Province: _____

Postal code: _____ Phone: _____ Fax: _____

Residential Commercial (Name and type of commercial property): _____

Legal description

Municipality: _____ Township: _____ Lot: _____ Conc.: _____

Parcel(s): _____ Plan No(s): _____ Sublot(s): _____

PIN: _____ Other: _____

House number: _____ Street/Road: _____ City: _____

Approximate date of system's installation: _____

Has any upgrading or work been completed to the system since its original installation?

No Do not know Yes If yes, what year: _____

I hereby certify that the information contained in this application is correct to the best of my knowledge and confirm that I am still the current owner of the property.

Signature: _____ **Date:** |YEAR |MONTH |DAY

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

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: _____

Note: The file search does not guarantee that the system is functioning properly or will continue to function.

Comments:

This information is provided without prejudice. We have attempted to be as accurate as possible in providing the above information but can assume no liability for its correctness. Other government agencies may have additional information on this property, i.e., Ministry of the Environment and Climate Change for water quality and sewage systems with a design capacity of greater than 10,000 litres per day. The Porcupine Health Unit shall not be prevented from taking any required action if information is forthcoming that health hazards exist.

Authorized signature, Environmental Health Services

Date: |YEAR |MONTH |DAY

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke-Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015; Electronic Cigarettes Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at the Porcupine Health Unit, Timmins office, 705.267-1181, ext. 2304.*

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COCHRANE
2-233 Eighth Street
POL 1C0
Tel. (705) 272-3394
Fax (705) 272-4996

HEARST
1030 George St., Unit 2
Box 2470, POL 1N0
Tel. (705) 362-4854
Fax (705) 362-7462

HORNEPAYNE
247 Third Avenue
Box 127, P0M 1Z0
Tel. (807) 868-2091
Fax (807) 868-2225

IROQUOIS
FALLS
58A Anson Drive
Box 575, P0K 1G0
Tel. (705) 258-2247
Fax (705) 258-2249

KAPUSKASING
4 Ash, P5N 2C8
Tel. (705) 335-6101
Fax (705) 337-1895

MATHESON
Bingham Hospital
507 Eighth Avenue
Box 490, P0K 1N0
Tel. (705) 273-2954
Fax (705) 273-2522

MOOSONEE
38 Revillion Road
Box 730, POL 1Y0
Tel. (705) 336-2294
Fax (705) 336-2919

SMOOTH ROCK
FALLS
141 5th Street
Box 388, POL 2B0
Tel. (705) 338-2654
Fax (705) 338-2250