

Private Sewage System Performance Level Review Application

Health Unit File # (for office use only): _____

Owner, Contact, and Property Information

Owner: _____ Signature: _____

The information contained in this application, plans, specifications, and other attached documentation is true to the best of my knowledge. The report/findings of the Northwestern Health Unit (NWHU) may be shared with the agency requesting NWHU approval.

Email: _____ Daytime phone number: _____

Property location or common address:

Directions to property:

Contact person (if different from owner excluding outside agencies)

Email: _____ Daytime phone number: _____

Contact information for other agency that is requesting NWHU comments

Agency/Municipality: _____

Contact person: _____

Email: _____ Phone number: _____

Information on existing sewage system

Applicant name at time of installation for existing sewage system: _____

Previous owners:

1. _____

2. _____

3. _____

Approximate year of installation: _____



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Proposal

Attach a site plan that shows the scope of work with sufficient scale to show the location of the existing sewage systems in relation to the dwelling(s) and property lines. Include wells within 40 metres of sewage system components. Provide a copy of the survey.

- Site plan attached Survey attached

Please complete the before and after chart below for **all dwellings** on the property.

Before:	After:
_____ Bedrooms	_____ Bedrooms
_____ Bathrooms	_____ Bathrooms
_____ Square metres of living area	_____ Square metres of living area

Scope of work requires compensating construction on the sewage system:

- No Yes (Complete 'A' or 'B' below)

A. Compensating construction does not require a permit, and the following work is proposed:

Installing an effluent filter

Adding mantle fill:

Location, area, and depth: _____

Other: _____

Proposed timeline(s): _____

B. Proposed compensating construction requires a permit.

Date obtained permit by: _____

Date sewage system installed by: _____



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