

APPLICANT CONTACT INFORMATION

Name: _____ Telephone: _____
 Address: _____ Fax: _____
 Email: _____ Cell phone: _____

WORK SITE

Same contact information as applicant

Address: _____
 Registration #: _____
 Lot #: _____

CONTRACTOR/INSTALLER CONTACT INFORMATION

Work executed by: Owner Contractor
 Company: _____ RBQ Licence: _____
 Address: _____ Telephone: _____
 Project manager: _____ Fax: _____
 Email: _____ Cell phone: _____

CATEGORY AND TYPE

Category: Residential Commercial Institutional
 Number of rooms or housing units: _____
 Structure: Detached Semi-detached Row
 Ownership: Private Condominium Rental

CHARACTERISTICS OF THE WORK

CONSTRUCTION Existing Projected
 Number of rooms: _____ Building floor area: _____
 OCCUPANCY Year-round Seasonal
 TYPE OF TANK Concrete Manufacturer: _____
 Polyethylene Engineer: _____
 TYPE OF SOIL Gravel Sand Silt Clay Loam
 Permeability: High permeability Low permeability Permeable Impermeable
 Depth of the rockbed: _____ Depth of the water table: _____

DRAINFIELD

Classic Modified Biofilter Above-ground sand filter Disposal well
 Classic sand filter Periodic pump-out Total pump-out Drainfield
 Other* *Specify: _____

Surface area or number: _____ Estimated output: _____
 Capacity: _____ (m³/g) Sealed: Yes No

SITING

<u>Distance between</u>	<u>TANK</u>	<u>DRAINFIELD</u>
Main house		
Property line		
Lake or waterway		
Well		
Drainage pipe		

SCHEDULE AND COSTS

Estimated cost of the work: _____ Starting date of the work: _____
 Ending date of the work: _____