Muncipalité de Canton de Low Urbanisme 4A chemin D'Amour

Low J0X 2C0

Phone:(819) 422-3528 Fax:(819) 422-3796

Permit Request

Request started on: Entered by:	Request Complete	ed on:	Req. No								
_	Installation continual Sontia inst	allation									
Permit Type:	Installation septique/ Septic insta	dilation									
Nature:											
Identification											
Owner		Applicant									
Name:		Name:									
Address:		Address:									
City:		City:									
Postal Code:		Postal Code:									
Phone:		Phone:									
Location											
Roll No.:			Use Code:								
Address:			Projected Use Co	de:							
Zone:			Frontage:								
Distinct P. of Land:	П		Depth:								
Distinct 1. of Land.	Ц		Area:								
			Number of Dwellin	ng Units:							
			Year of Constructi	on:							
Zoning Code:			Number of Stories);							
Inspection Sector:			Floor Area m ² :								
Service:			Number of Affecte	ed Units:							
Cadastre:											
Work	1	\ \(\oldsymbol{\text{D}} \cdot \text									
Performer of the wor	KS	Responsible Po	erson								
Name:		Name:									
Address:		Phone:									
City:											
Postal Code:											
Phone:		Work Startin	ng Date:								
Fax:			letion Target Date:								
		Completion	-								
NEQ No.:		Work Value:									

Installation septique/ Septic installation	
Construction:	Information about the building
Occupation:	Number of Bedrooms:
Tank Type:	Building Area:
Construction date:	
Total capacity:	
Effective capacity:	Land
Discharge Estimate:	Seepage Test:
Effluent Number: Model:	Sedimentation test:
Manufacturer's Name:	Pumping Station:
Serial no:	Study of the Site Topography:
BNQ no:	
Techno. folder no.:	
Type of Soil:	Study of the Permeability Level of the
Rock Depth:	ground:
Ground Water Depth:	Permeability:
Slope of the land:	Used method:
Drinking water supply:	OSCI Metrica.
Dimming mater supply.	
In charge of the Soil Caracteristics	
Name:	
Address:	
City,state:	Phone No.:
Drainfield	
Drainfield:	Construction date:
Drainfield Area:	
Lenght:	
Width:	Others:
Depth:	
Number of trenches:	
Main Designer of the plans	Easement
Name:	Easemen
Address:	Zussmon
City,state:	
Phone No.:	
I HOHO I TO	

Location:											
Tight system											
Residence Distance:		-									
Right boundary of proprety:						T	П				
Left boundary of property:											
Front boundary of property:											
Back boundary of property:											
Lake, river, marsh, pond:		4	_		+	_	4	-	-	Ц.	
Well:		-	-		+	-	-	+	-	-	
Outlet Pipe:		-			+	-	+	+		-	
						T					
System not tight											
Residence Distance:			1			4					
Right boundary of proprety:		4	-		+	4	-	+	-	Н	
Left boundary of property:		-	-	1 1	+	-	-	+	+	-	
Front boundary of property:			_			-	\forall	+		+	
Back limit of property:											
Lake, river, marsh, pond:											
Cased well:											
Sealed cased well:											
Well other sources:											
Outlet Pipe:											
Trees, shrub:											
Slope:											
Étude septique				[
Work Description											
Applicant's Signature											
Applicant's Signature:			_	Date	e:						