Interior Health

SEWERAGE SYSTEM LETTER OF CERTIFICATION

Filing #	Folio or PID #	Date *(dd/mm/yyyy)*

Civic Address

Legal Description

The construction of the proposed sewerage system on the above property was completed on:	Date *(dd/mm/yyyy)*

This system was installed:

	Name	Registration #
☐ By or under the supervision* of a professional		
☐ By a Registered Onsite Wastewater Practitioner Installer	Name	Registration #
☐ By the property owner under the supervision* of	Name	Registration #

I am an "Authorized Person" as defined in the Sewerage System Regulation "BC Reg. 326/2004."

The signature and seal of the undersigned on this document certifies that:

1.   The Owner has been provided with:
     ☐   A copy of the sewerage system plans and specifications as filed with the Health Authority;
     ☐   A maintenance plan for the sewerage system that is consistent with standard practice;
     ☐   A copy of this Letter of Certification as filed with the Health Authority;

2.   The sewerage system has been constructed in accordance with standard practice as indicated in the Sewerage System Filing Form filed on _____ *(dd/mm/yyyy)*;

3.   The sewerage system has been constructed substantially in accordance with the plans and specifications filed with the Health Authority;

4.   The estimated daily domestic sewage flow through the sewerage system will be less than 22,700 liters;

5.   If operated and maintained as set out in the maintenance plan, the sewerage system will not cause or contribute to a health hazard.

* Where the authorized person is a professional, "supervision" means conducting field reviews of the construction of the above system that the professional in his or her professional discretion considers necessary to ascertain whether the construction substantially complies with the plans and specifications filed with the Health Authority.

Appended to this document is a plan of the sewerage system as it was built and a copy of the maintenance plan.

Name *(please print)*	**Health Authority Use Only**
Signature	
Authorized Person's Seal	