



THE MUNICIPALITY OF WEST ELGIN | 22413 HOSKINS LINE, RODNEY, ON | (519)785-0560

### SEPTIC REVIEW REPORT for SEVERANCE

DATE:	SEVERANCE NO.
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OWNER:
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LOCATION:	LOT	CON	BLK	PLAN
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#### DESIGNER INFORMATION:

Name:	Firm:
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Address:	BCIN:
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Telephone:	Fax:	Cell:
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#### SEPTIC SYSTEM EVALUATION:

Daily Design Flow:	L/day	# of Bedrooms:	Fixture Units:
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Tank Size:	Litres
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Bed Construction Type:	Size:
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Tank Information:	Size:	2 Compartment: Y/N	Filter: Y/N
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Designer to attach drawing indicating location of buildings, location of septic tank, bed location, location of wells and indicate and locate any surface or sub-surface drainage. (i.e. creeks or municipal drains)

\_\_\_\_\_  
Qualified designer signature

\_\_\_\_\_  
Building Official Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

[Type here]