

Name: _____

Date : ____ / ____ / ____
Day Month Year

PROJECT

| | |
|--------------|--|
| Project ID : | |
|--------------|--|

IDENTIFICATION

| | | | |
|-------------------------------|--|--------------|-------|
| Owner: | | | |
| Address: | Street: | | |
| | Municipality: | | |
| | Postal Code: | | |
| Phone | Primary #: | Secondary #: | |
| Type of project | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | | |
| Capacity: | Nb of Bedrooms: | Flow rate: | L/day |
| Specific use: (commercial) | Description: | | |
| Observations: | | | |
| Referral: | | | |

SITE CHARACTERISTICS

| | | | |
|---------------------|--|--|---|
| Type of soil | | | |
| Vertical separation | Depth to water table: _____ cm | Depth to Bedrock: _____ cm | |
| Soil analysis | N/A <input type="checkbox"/> | Sieve analysis provided <input type="checkbox"/> | Sieve analysis in progress <input type="checkbox"/> |
| Existing equipment | N/A <input type="checkbox"/> | Septic tank <input type="checkbox"/> Volume: _____ | Effluent filter: <input type="checkbox"/> |
| Design criteria | Pump tank <input type="checkbox"/> Volume: _____ | Gravity <input type="checkbox"/> Pumped to gravity: <input type="checkbox"/> Low pressure distribution: <input type="checkbox"/> | |
| | Length of forced main (if applicable): _____ | | |
| | Diameter of forced main (if applicable): _____ | | |
| Other: | | | |

PHOTO(S) :

SITE PLAN AVAILABLE :