
Chairperson

Sr.Mgr., Corporate Administration

REGIONAL DISTRICT OF NANAIMO

APPLICATION FORM

TEMPORARY REDUCTION IN SEWAGE DISPOSAL RATES

- 1. Name of Property Owner: _____
- 2. Address of Property Owner: _____
- 3. Name of Consulting Company: _____
- 4. Name of Authorized Person*: _____

*An "authorized person" is a registered practitioner or professional as designated in the Sewerage System Regulation

- 5. Legal Description of Property for which application is made:
 Lot: _____ Plan: _____ DL: _____ LD: _____
- 6. Civic address of property referred to in No. 5: _____
- 7. Nature of Septic System Failure: _____

- 8. Check off one of the following
 - System will be repaired (estimated date of repair _____)
 - System is not repairable, application to be included in the Pump and Haul Service Area attached or has been submitted

In signing this I do hereby confirm that the system indicated above has failed and that, if a repair is planned for the system, the RDN will be notified as soon as the repair has been completed.

Property Owner(s)' Signature: _____ Date: _____

Authorized Person's Signature: _____ Date: _____

Approved by Liquid Waste Department: _____ Date: _____