



1. PROPERTY OWNER INFORMATION

Surname of property owner		Given name of property owner	
Address (number, street)			
City		Province	Postal code
Home phone	Cellphone/office	E-mail	

2. MANDATORY INFORMATION (IF APPLICABLE)

Surname		Given name	
Company			
Address (number, street)			
City		Province	Postal code
Office telephone	Office fax	E-mail	

2. ADDRESS OF WORK (IF DIFFERENT)

Address	Lot number
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3. NATURE OF WORK

TYPE OF WORK: (circle selection)	<input type="checkbox"/> New installation	<input type="checkbox"/> Correction	⇒ Specify:	Tank Drainage field
CLASSIFICATION OF BUILDING :				
<input type="checkbox"/> Meeting establishment <input type="checkbox"/> Care or detention establishment <input type="checkbox"/> Housing establishment <input type="checkbox"/> Business establishment <input type="checkbox"/> Commercial establishment <input type="checkbox"/> Industrial establishment <input type="checkbox"/> Other (agricultural, public, etc.) : _____	{ <input type="checkbox"/> Apartments <input type="checkbox"/> For persons with reduced autonomy <input type="checkbox"/> Residence → <input type="checkbox"/> Chalet (seasonal) <input type="checkbox"/> Lodging (hotel, motel, etc.) <input type="checkbox"/> Other: _____	{ <input type="checkbox"/> Single family <input type="checkbox"/> Bi generational <input type="checkbox"/> Duplex or triplex <input type="checkbox"/> Multifamily <input type="checkbox"/> Semi detached <input type="checkbox"/> Row housing <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____	ADDITIONAL INFORMATION: # of rooms: _____	
ANTICIPATED DATES:				
Start work date: _____				
End work date: _____				

4. PROFESSIONALS

PROFESSIONAL (ENGINEER) :	EXCAVATION :
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
Postal code: _____	Postal code: _____
Tel.: _____	Tel.: _____
Fax: _____	Fax: _____
RBQ #: _____	RBQ #: _____
NEQ #: _____	NEQ #: _____

5. COST ESTIMATION:

\$ _____

6. SIGNATURE

Signature : _____ Date : _____
(dd-mm-yyyy)

DOCUMENTS TO BE PROVIDED

- | | |
|---|--|
| <input type="checkbox"/> System specifications & soil test
a characterization study of the site and the natural terrain carried out by a person who is a member of a professional order competent in the matter and including: <ul style="list-style-type: none">– the topography of the site;– the slope of the site;– the level soil permeability of the site, the chosen test method(s) to establish soil permeability;– the bedrock level, groundwater or any layer of permeable soil that is not very permeable or impermeable, as the case may be, below the surface of the site;– the indicator of any element that may influence the location or construction of a wastewater treatment device; | <input type="checkbox"/> Construction plans
A plan showing (to scale): <ul style="list-style-type: none">– the intended location of the parts of the wastewater disposal, reception or treatment device;– the implantation level of each component of the treatment device;– the implantation level of the scrubber element with respect to the bedrock level, groundwater or any layer of impermeable or low permeability soil beneath the surface of the site; |
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The following documents may also be necessary:

- Procuration**
Form to be filled out and submitted should the request be made by a mandatary or authorized person

NB Unofficial translation. The French version remains the official text and prevails in the case of a discrepancy.