458 Laurier Blvd. Brockville ON K6V 7A3 Telephone: 613-345-5685

Fax: 613-345-2879



25 Johnston St. Smiths Falls ON K7A 0A4 Telephone: 613-283-2740 Fax: 613-283-1679

## FEE \$100.00 - PAYABLE TO THE LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT

## **REQUEST FOR FILE SEARCH** related to a Private Sewage Disposal System Installed After 1973

Please allow between 2-4 business days for processing once our office receives your application.

<i>-</i>			
1.	Requested By:		Telephone:
	Address:		Fax/Email:
2.	Location to be searched: Present Own Civic Address:	er:	
	Lot: Concession:	Township:	0.1.7
	Ward: Assessment Roll #	Plan #:	Sub Lot #:
	Assessment Roll II		<del></del>
	Approximate date of system's installar	tion:	
ŀ.	Owner at the time of installation: (if more than one owner, pleas	se attach a list, chain	of title may be used)
	11	-1-4-44-41-	i
-	Has any upgrading or work been comp No: Do Not Know: Owner's Name at time of Upg	Yes	If Yes, Year:
i <u>.</u>	No: Do Not Know:	Yes	If Yes, Year:
	No: Do Not Know: Owner's Name at time of Upg	Yes	If Yes, Year:
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive	Yes grading:	If Yes, Year: Signature of Applicant
	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receives system in our files.	Yes grading: st #: ed, we were unable to	If Yes, Year: Signature of Applicant Date: olocate a record of the related sewage disposa
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No.	Yes grading: est #: ed, we were unable to	If Yes, Year: Signature of Applicant Date: o locate a record of the related sewage disposa
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No Use Permit/Completion Certificate: □	Yes grading: est #: ed, we were unable to	If Yes, Year: Signature of Applicant Date: o locate a record of the related sewage disposa
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No Use Permit/Completion Certificate: Tank Size:	Yes grading: est #: ed, we were unable to	If Yes, Year: Signature of Applicant Date: olocate a record of the related sewage disposa
ecei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No Use Permit/Completion Certificate: □	Yes grading: est #: ed, we were unable to	If Yes, Year: Signature of Applicant Date: olocate a record of the related sewage disposa
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No Use Permit/Completion Certificate: Tank Size: Length of Distribution Pipe/Chamber/o	Yes grading: st #: ed, we were unable to  Was Issued: ther:	Signature of Applicant  Date:  Date:  Was Not Issued  Filter bed stone (effective) area:  Type A or B bed stone area:
Recei	No: Do Not Know: Owner's Name at time of Upg  pt #: Reque  Based on the above information receive system in our files.  Details on file included Permit No Use Permit/Completion Certificate: Tank Size: Length of Distribution Pipe/Chamber/o Treatment Unit: There ARE NO outstanding issues/wor	Yes grading: est #: ed, we were unable to  Was Issued: ther: ek orders on file perta	Signature of Applicant  Date:  Date:  Was Not Issued  Filter bed stone (effective) area:  Type A or B bed stone area:

<u>NOTE:</u> The Heath Unit does not maintain up-to-date records on private sewage systems for the Township of Rideau Lakes (2000 to present) and the Township of Tay Valley (1998 to present). Only historical records for these townships are available through the Health Unit. Current records and work orders for the dates indicated can be obtained through the respective township offices only.

Personal information on this form is collected under the authority of the Building Code Act, and will be used for the provision of records release of information. Questions concerning the collection of this information should be directed to the Director of the Community Health Protection Department of the Health Unit, 458 Laurier Boulevard, Brockville, ON K6V 7A3, 613-345-5685 R: LC 03/13 – 302