



# Waste Water Management District Project Application Form

Thank you for your interest in the Wastewater Management District Project, administered by the Municipality of the County of Richmond (“MCR”).

By applying for this program, you are agreeing to have MCR design and install an On-Site Sewage Disposal System on your property, subject to the fees noted in the “FEES” sections. The Municipality will undertake ongoing maintenance and repair of the system, in accordance with by-law 62, for a period of seven (7) years after which time full responsibility for the system will transfer to the property owner.

Questions about the Wastewater Management District Project can be directed to the Municipality’s Project Manager at [wwmd@richmondcounty.ca](mailto:wwmd@richmondcounty.ca) or by calling (902) 226-3989.

Upon receipt of your completed Application Form, MCR will perform an initial screening of your property’s eligibility based on the following:

- ✓ Location: your property must be located within MCR’s Wastewater Management District
- ✓ Verification of property ownership and primary residence
- ✓ Initial verification that system is a malfunction (through review of the application). Final verification will only be completed when the Engineer performs the site assessment.

After you pass the initial screening for the Richmond Wastewater Management District Project, you will need to sign the Owner’s Authorization Form and submit a Five Hundred Dollar (\$500.00) non-refundable deposit. Once the signed authorization and deposit are received the project manager will work with you to arrange the scheduling of any necessary inspections and installations.

APPLICANT INFORMATION <i>The person to whom all communication will be directed.</i>			
Primary Contact Name	Given Name	Initial (optional)	Last Name
Mailing Address	PO Box or RR	Community	Prov. Postal Code
Street Address		Community / Municipal District	
Lot Location	If different from above		
Relationship to Property	<input type="checkbox"/> Owner	<input type="checkbox"/> Other (please explain)	
Would you like to be added to the Richmond Wastewater Management Project email list?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Phone Numbers	Primary		Alternate
Preferred Method of Communication	<input type="checkbox"/> Phone		<input type="checkbox"/> Email

ELIGIBILITY	
Is the dwelling located within the boundaries of the Wastewater Management District (Richmond County excluding Potlotek First Nation Reserve)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling owner-occupied and the primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling serviced by an existing on-site septic system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling's on-site septic system malfunctioning (a direct or untreated discharge of grey or black water from the home)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Nature of malfunction (if known):	

**\*\*If you answered "No" to any questions 1 to 4 you do not qualify for participation in the WWMD Project.**

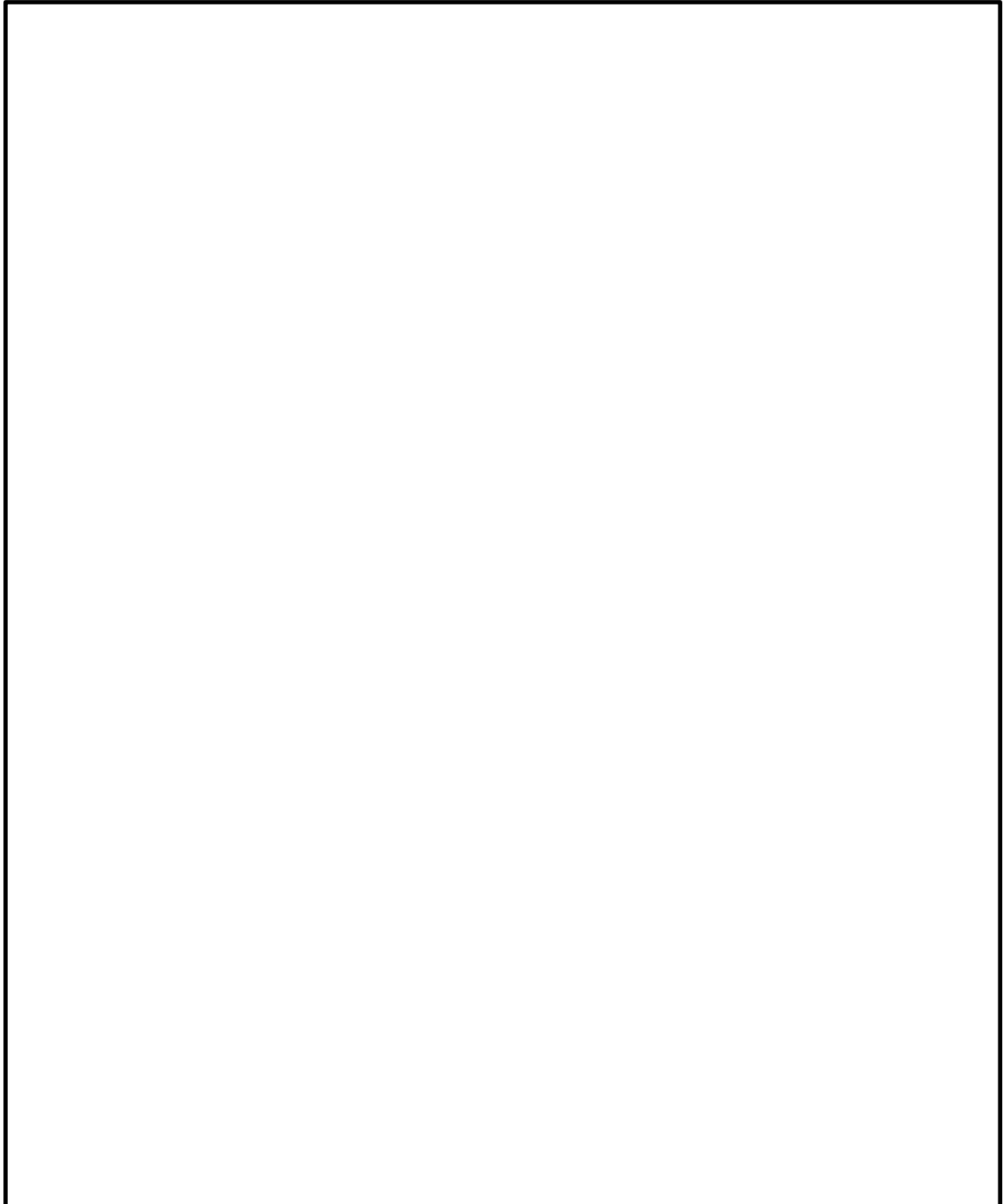
PROPERTY OWNER INFORMATION			
Name of property owner 1:	Given Name	Initial (optional)	Last Name
Name of property owner 2:	Given Name	Initial (optional)	Last Name
Name of property owner 3:	Given Name	Initial (optional)	Last Name
Name of property owner 4:	Given Name	Initial (optional)	Last Name

PROPERTY INFORMATION				
<i>Only properties located with the boundary of the WWMD can participate in the Waste Water Management Project</i>				
Street Address				
Community		Postal Code		
What kind of well do you have?	<input type="checkbox"/> Dug <input type="checkbox"/> Drilled <input type="checkbox"/> I don't know			
Do you own any property adjacent to your property?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Bedrooms?		Number of Bathrooms?		Buildings on the property that have indoor plumbing?
Please provide details about any other buildings on the property.				
Assessment Number (You can find your assessment number of your property tax bill)			Assessment No.	
Other relevant information (sketch to be provided on following page)				

Please provide as much information about your site as possible in a sketch below, including property lines, the location of current waste disposal systems, your well and neighbouring wells. This will enable us to schedule your assessment and installation quickly and efficiently.

Any surveys, site plans, system designs or other relevant documents should be attached.

Site Design Sketch:

A large, empty rectangular box with a black border, intended for a site design sketch. The box is currently blank.

FEES

Fees for participation in the WWMD Project include:

- ✓ A one-time installation charge of \$5,800\* which must be paid in the following manner:
  - A non-refundable \$500 deposit prior to the Municipality arranging for an Engineer to conduct the site assessment;
  - Balance of payment of \$5,300 due in advance of the Municipality proceeding with construction of the system.
- ✓ An annual operation and maintenance (O&M) fee of \$250\* which shall be billed at \$62.50 per quarter.

\*Fees may vary as noted in By-Law 62

GENERAL CONDITIONS

Signature of the Owner(s) below indicates that the Owner(s) has read and agrees to comply with all of the above noted conditions for registration in the WWMD Project. The owner has reviewed and understands the Municipality's Wastewater Management District By-Law 62 (as amended on June 24, 2019). The Municipality reserves the right to deny any application for registration for any reason including, but not limited to, depletion of project funding. The owner understands that the O&M fee is intended to cover routine maintenance costs only (regular pump-outs of septic tanks, cleaning of effluent filters, etc.) and does not include end of life replacement of major components.

\_\_\_\_\_  
Signature(s) of Owner(s)/Applicant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of Owner(s)/Applicant(s)

\_\_\_\_\_  
Date

**Please deliver, mail or email the completed Application Form to:**

André LeBlanc, Project Manager  
2357 Highway 206, P.O. Box 120, Arichat, NS B0E 1A0  
wwmd@richmondcounty.ca

OFFICE USE ONLY

APPROVAL

\_\_\_\_\_  
Chris A. Boudreau, P. Eng  
Municipal Engineer

\_\_\_\_\_  
Date