REGIONAL DISTRICT OF NANAIMO

Temporary Holding Tank Registration (Pump and Haul)

Application Form

How Temporary Pump and Haul Works

RDN Trucked Liquid Waste Rates and Regulations Bylaw No. 1732 lists user-rates for waste discharged to an RDN trucked liquid waste facility. Eligible properties may apply for the Temporary Holding Tank Waste Disposal User-Rate (\$0.01/Imperial gallon) for up to 90 days while their septic system is under repair.

Step 1: Have your septic tanks pumped out at the regular septage disposal user-rate. The reduced rate applies to subsequent loads.

Step 2: Have an Authorized Person (as defined by the Sewerage System Regulation) complete Section 2 of this form. Note: An individual with *Registered Onsite Wastewater Practitioner* certification is an Authorized Person. Sometimes this is the service provider in Step 1.

Step 3: Submit this form *before your next pump out*. Include the invoice and proof of payment for Step 1. There is no fee to apply for a Temporary Holding Tank Registration.

Section 1: Property Owner Information

| Name(s) | | | | | | |
|--|--------------------------------------|-----------|------------------------|-------------|--|--|
| Phone Number(s) | | | | | | |
| Email | | | | | | |
| Property Address | | City/Town | | Postal Code | | |
| Mailing Address | (if different than property address) | City/Town | | Postal Code | | |
| Signature | | | Date signed (dd/mm/yy, | | | |
| Optional – check this box to request the RDN include the Authorized Person in correspondence | | | | | | |

To apply or for more information, please contact:

Regional District of Nanaimo, Wastewater Services 6300 Hammond Bay Road, Nanaimo, BC, V9T 6N2

() 250-390-6560 or 1-877-607-4111

rcu@rdn.bc.ca

rdn.bc.ca/pump-and-haul



Section 2: Authorized Person

This section must be completed by an Authorized Person, as defined by the Sewerage System Regulation

| Property Address | (from Section 1) | | | | |
|--------------------------------------|---|--------------------------------------|--------------------------------|--|--|
| Authorized Person Name | | | Registration Number or Stamp | | |
| Company Name | | | | | |
| Phone Number | | | | | |
| Email | | | | | |
| System Information | Type of System Type 1 Ty | ype 2 Type 3 | Tank Volume (Imperial Gallons) | | |
| Likely Cause of Malfunction | Describe | | | | |
| Outcome | System will be repaired by (estimated date): System cannot be repaired Property will be connected to sewer by (estimated date): | | | | |
| Estimated Date of Next Pumpout | (dd/mm/yy) | RDN Trucked Liquid Waste Facility | CRPS FCPCC | | |
| Signature of Authorized Person | Signature | | Date signed (dd/mm/yy) | | |

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