

**REGIONAL EMPTYING PROGRAM OF SEPTIC TANKS
SURVEY**

- Please complete this form on both sides and return it in the pre-paid envelop before _____
- Your answers are essential for the planning of the program, and in order to give you proper service.

Information about the owner

Name: _____

Postal address: _____

Municipality: _____ Postal Code: _____

Phone: _____ Cellphone: _____

Email: _____

How do you wish to get informed about the approximate date of emptying? Email
 Mail

Location of the septic system

Address: _____

Municipality: _____ Postal Code: _____

Information about the septic system (if known)

Number of septic tank: _____ Year of installation: _____

Type of tank: regular septic tank Sealed tank Sump None

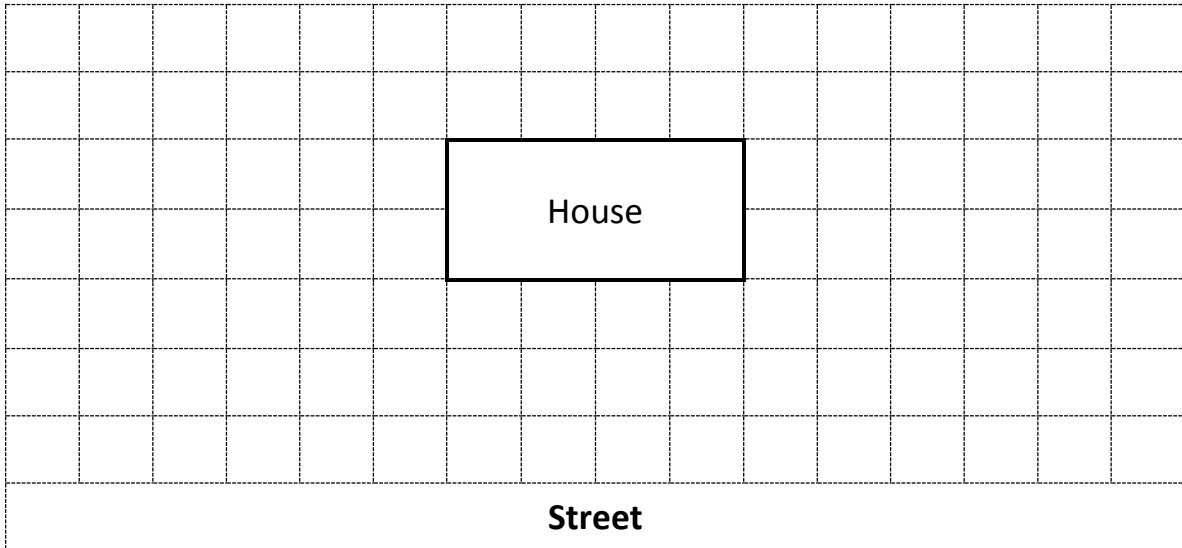
Number of covers: _____

Type of covers: Metal Plastic Concreate Other: _____

Volume of the tank: 750 or 850 gallons 1000 gallons other: _____

Year of the last emptying: _____

Please locate your septic installation (with a X) on the sketch below regarding to your house and the street. Indicate the approximate distance between each element. Also identify the location where the truck (with a T) can park to pump (entrance, street, other).



COMMENTS: Please indicate all important details:

Example: Emptying required more than once every two years, tank hardly accessible (under a porch, or other), tank used by many houses, fence, pump in the tank, need more than 100 feet of hoses, etc.

Comments: _____

For more information

www.mrcdecoaticook.qc.ca under services/matières résiduelles/fosses septiques

MRC de Coaticook
294, Saint-Jacques Nord
Coaticook (Québec) J1A 2R3
Phone : 819-849-9166
Email : boues@mrcdecoaticook.qc.ca

mrcdecoaticook.qc.ca