



**Northwestern
Health Unit**

www.nwhu.on.ca

REQUEST FOR FILE SEARCH

Private Sewage System

Fee: **\$50.00** (payable to the Northwestern Health Unit)

21 Wolsley Street, Kenora, ON P9N 3W7

Telephone: 807-468-3147 or fax 807-468-3914

PRESENT OWNER

Name:	Telephone:
Mailing Address:	FAX:

Requested By:	Telephone:
Mailing Address:	FAX:

LEGAL DESCRIPTION (as most of our records predate the PIN (property identification number) method, please provide additional information)

Lot:	Sub Lot:	Plan:	Parcel:	Township:
City/Town:			Other:	

SYSTEM INSTALLATION

Approximate date of system's installation:	
Previous owners:	Years of Ownership
1.	
2.	
3.	
4.	
5.	

I have the authority to authorize the Northwestern Health Unit to release any information relating to the sewage system including outstanding work orders for the above-noted property

Signature of Owner/Designate: _____ Date: |year |month |day

Please note that the file search does not guarantee that the system is functioning properly or will continue to function. The Northwestern Health Unit has not re-inspected this property for the purpose of this search. The Northwestern Health Unit makes no assertions that the document(s) provided are for the property in question or that the system was designed for the present dwelling.

FOR OFFICE USE ONLY

File Number: _____	Receipt No.: _____	Date Received: year month day
<input type="checkbox"/> Based on the information provided, no permit was found. <input type="checkbox"/> A copy of the permit, Certificate of Approval or Certificate of Completion is attached. Permit # _____ <input type="checkbox"/> A Use Permit/Certificate of Completion was not issued. <input type="checkbox"/> There ARE outstanding work orders against this sewage system. <input type="checkbox"/> There ARE NO outstanding work orders against this sewage system.		
Chief Building Official/Inspector: _____	Date: year month day	