**Receipt of Record of Sewerage System**

This receipt acknowledges that the Health Authority has received a completed Record of Sewerage System for the following location:

|  |  |
| --- | --- |
| **Facility Name:** | {{BLAccountName}} |
| **Facility #:** | {{BLAccountId}} |
| **Facility Category:** | {{AccountCategoryL1}} {{AccountCategoryL2}} {{AccountCategoryL3}} |
| **Address:** | {{BLAccountPhysicalAddress}} |
| **Legal Description of Property:** | {{BLAccountLegalLandDescription}} |
| **Tax Roll Number:** | {{BLAccountTaxRollNumber}} |
| **Authorized Person:** | {{BLAApplicantName}} |
| **Effective Date:** | {{BLPeriodStart}} |
| **Expiry Date:** | Manual entry |

Please note that the system work must be completed and a Letter of Certification filed with the Health Authority within two years of the effective date noted.

|  |  |
| --- | --- |
| **Health Authority:** | {{BLAccountFacilityHA}} |