



APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION <u>CORPORATE LOT</u>		
	PLAN <u>NW 1/4</u> LOT	SECTION <u>16</u>	DISTRICT <u>CCAF</u> BLOCK
	STREET ADDRESS/GENERAL LOCATION <u>106 DARK HOUSE</u>		
OWNER	NAME [REDACTED]		
<input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	MAILING [REDACTED]	CITY [REDACTED]	[REDACTED]
APPLICANT	NAME <u>GAINES EHT LTD</u> (250) TELEPHONE <u>539-2452</u>		
<input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	MAILING ADDRESS <u>BOX 36 SATURDAY IS. BC</u>	POSTAL CODE <u>V0M 2Y0</u>	
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____		NUMBER OF BEDROOMS <u>2</u>
	ESTIMATED DAILY SEWAGE FLOW _____		GARBURATOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SYSTEM INFORMATION	APPROVED SEPTIC TANK	APPROVED PACKAGE TREATMENT PLANT	SAND MOUND INFILTRATION BED AREA <u>24" x 170'</u>
	MANUFACTURER _____	MAKE _____	METHOD OF EFFLUENT DISTRIBUTION <input checked="" type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> SERIAL <input type="checkbox"/> OTHER
	MATERIAL <u>PLASTIC</u>	MODEL _____	PIPE DIAMETER _____
	LIQUID VOLUME OF SEPTIC TANK <u>750 GAL</u>	TREATMENT CAPACITY _____	TOTAL LENGTH OF PIPE/CHAMBER _____
SITE INFORMATION	AREA OF LOT: <u>1 AC +/-</u> SOURCE OF DOMESTIC WATER: <u>WATER SYSTEM</u>		
<input type="checkbox"/> COMPLETED SITE INVESTIGATION REPORT REQUIRED	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER & BODIES OF NON-TIDAL WATER:		
	FROM OWN WELL: <u>N/A</u>	FROM STREAM OR LAKE: <u>N/A</u>	
	FROM NEIGHBOUR'S WELL: <u>N/A</u>	FROM WATER LINES: <u>25'</u>	
	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE LOCATION OF THE SYSTEM? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, EXPLAIN AND ATTACH DOCUMENTS		
SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE: SIGNATURE: <u>[Signature]</u> DATE: <u>JULY 9/2002</u>		

ATTACH A SITE PLAN TO THE COMPLETED APPLICATION PACKAGE (Application Form, Notice, Authorization and Site Investigation Report)

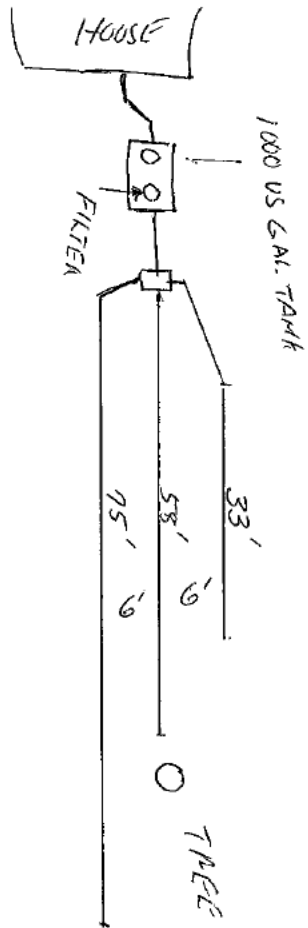
PERMIT NUMBER	PURSUANT TO THIS APPLICATION, THE ONSITE SEWAGE DISPOSAL GUIDELINES AND THE SEWAGE DISPOSAL REGULATION, PERMISSION IS HEREBY GRANTED TO CONSTRUCT, INSTALL, ALTER, OR REPAIR A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS. CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER.		
PERMIT TO CONSTRUCT <input type="checkbox"/>	<p align="center">ALTERNATE METHOD - SEPTIC TANK FILTER CLOTH REQUIRED. SHALLOW TRENCH (24" WIDE X 18" DEEP). FILTER/SCREEN REQUIRED IN SEPTIC TANK. FINAL SYSTEM PLAN REQUIRED.</p> <p align="right">FINAL</p>		
CONDITIONS			
APPLICATION REJECTED <input type="checkbox"/>			
REASONS			
OFFICE USE ONLY	NOTE: AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS.		
PAID <input checked="" type="checkbox"/>	E.H.O. <u>[Signature]</u>	DATE	<u>July 9/02</u>
AMOUNT <u>250.-</u>	BACKFILLING AND USE AUTHORIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
# OF RECEIPT <u>1256</u>	COMMENTS <u>MAINTAIN ACCESS TO SEPTIC TANK</u>		
DATE <u>July 9/02</u>	SIGNATURE: <u>[Signature]</u>	DATE	<u>SEPT 19/02</u>

F:\EHO\FORMS\SEWPERMIT.P65 - NOVEMBER 1997

THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE

The information provided is for the sole use of the recipient. No guarantee as to the accuracy of the information is implied or accepted by VIHA and the recipient is advised to confirm all information.

AS BUILT
104 DARK HORSE RD.



Handwritten signature
Sept. 19/02



HEALTH PROTECTION & ENVIRONMENTAL SERVICES

SITE INVESTIGATION REPORT

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPERTY	
	PLAN <u>N/4 1/4</u> LOT SECTION <u>16</u> DISTRICT <u>COVE</u> BLK.	
OWNER INFORMATION	STREET ADDRESS OF PROPERTY <u>106 DARK HORSE RD. (PRIVATE)</u>	
	NAME	MAILING ADDRESS
SITE INFORMATION	AREA OF LOT <u>1 AC ±</u>	SOURCE OF DOMESTIC WATER:
	DEPTH OF SOIL TO: (INCHES)	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER:
	HARDPAN	FROM OWN WELL <u>N/A</u> FEET FROM NEIGHBORS WELL <u>N/A</u> FEET
	BEDROCK <u>30' to 45'</u>	FROM STREAM OR LAKE <u>N/A</u> FEET FROM WATERLINES <u>25'</u> FEET
WATERTABLE <u>N/A</u>		
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OF THIS SUBDIVISION AND/OR SEWAGE DISPOSAL SYSTEM?	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH DOCUMENTS	
SITE INVESTIGATION	DESCRIBE CONDITIONS FOUND IN EACH OF THE TWO 4" (FOUR FOOT) INSPECTION HOLES (DEPTH OF NATURAL POROUS SOIL) AND DEPTH AT WHICH WATER TABLE, CLAY, HARDPAN AND/OR ROCK ENCOUNTERED.	
	INSPECTION HOLE #1 <u>POROUS LOAM</u> INSPECTION HOLE #2 <u>POROUS LOAM</u> <u>SOIL OVER LAYING BED ROCK AREA LEVELLED APP 12 YEARS AGO. SOIL DEPTH VARIES WITH SLOPE OF SIDEHILL. HOLE #1 ON UPPER SIDE OF SLOPE 27" SOIL DEPTH</u> <u>SOIL OVER LAYING BED ROCK. SOILS DEPTH OUT FROM BANK AS BED ROCK SLOPES DOWN. SOIL DEPTH UNDER OTHER 2 HOLES OF INFILTRATOR 48" +</u>	
PERCOLATION TEST RESULTS AS PER SCHEDULE 1, 300 1b)	DEPTHS OF HOLES TO BE 18 - 24" DEEP	
	PERCOLATION TEST HOLE #1 <u>3</u> MINUTES	PERCOLATION TEST HOLE #3 <u>2 1/2</u> MINUTES
	PERCOLATION TEST HOLE #2 <u>3 1/2</u> MINUTES	PERCOLATION TEST HOLE #4 <u>3</u> MINUTES
	THE AVERAGE PERCOLATION RATE OF THE FOUR HOLES IS: <u>3</u> MINUTES	
SITE INVESTIGATION PERFORMED BY	NAME <u>JOHN GAINES</u>	
	ADDRESS <u>Box 34 SATURNATS BC</u>	
	POSTAL CODE <u>V0N 2Y0</u>	TELEPHONE NUMBER <u>(250) 539-2452</u>
	DATE OF TESTS <u>MAY 10 / 2002</u>	
	SIGNATURE <u>[Signature]</u>	DATE <u>JULY 7 / 2002</u>
THE ENVIRONMENTAL HEALTH OFFICER MAY REQUIRE ALTERNATIVE OR ADDITIONAL TESTS.		
DETAILED INSTRUCTIONS ON BACK OF FORM		

ANSI E - PMS-609 FORM SITE INVESTIGATION REPORT

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HEALTH PROTECTION & ENVIRONMENTAL SERVICES
**DECLARATION REQUEST
FOR FINAL INSPECTION OF
SEWAGE DISPOSAL SYSTEM**

**THE SEWAGE DISPOSAL SYSTEM
AT ADDRESS:**

106 DARKHORSE ROAD

LEGAL DESCRIPTION:

Plan _____ Lot NW 1/4 Section 16 District CoW.

is ready for final inspection.

The installation has been completed in accordance with the Sewage Disposal Regulations of British Columbia, Capital Health Region Guidelines and conditions specified on the permit.

WAIVER OF INDEMNITY:

The undersigned, applicant, developer, contractor, or owner, assumes all risks or hazards incidental to health inspection services and agrees to release, dissolve, save harmless and keep indemnified the Capital Health Region and its officials, agents, servants and representatives, from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to the person or property of the applicant, developer, contractor or owner, howsoever caused, arising out of or in conjunction with the health inspection services, notwithstanding that the same may have been contributed to, caused or occasioned by the negligence of the Capital Health Region, its officers, employees, officials, agents, servants and representatives. It is understood that no warranty is implied for health inspection services of the Capital Health Region and that this agreement is to be binding on my self, my heirs, executors and assigns.

DATE

Oct 4/02

SIGNATURE (OWNER/APPLICANT/INSTALLER)

CONTRACTOR/INSTALLER

TELEPHONE NUMBER

**A FINAL INSPECTION WILL NOT BE CARRIED OUT UNTIL THIS
DECLARATION IS COMPLETED AND SUBMITTED.**

DECLARATION REQUEST FOR FINAL INSPECTION OF SEWAGE DISPOSAL SYSTEM - K-VHOF/FORM - NOVEMBER 1998

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