

COMPLETE TOP SECTION ONLY

☐ NEW CONSTRUCTION

☐ ALTERATION

☐ REPAIR

RED

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION			
	PLAN <u>16 396</u>	LOT <u>4</u>	SECTION <u>17</u>	DISTRICT <u>COWICHAN</u> BLOCK
STREET ADDRESS/GENERAL LOCATION <u>106 SUNSET BLVD., SATURNA ISLAND</u>				
OWNER <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	NAME <u>HANS-JURGEN KARSTENS</u>		TELEPHONE <u>(604) 524-9882</u>	
	MAILING ADDRESS <u>424 KELLY STREET</u>		CITY <u>NEW WESTMINST.</u>	POSTAL CODE <u>V3L 3T6</u>
APPLICANT <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	NAME <u>GAINES EMT LTD</u>		TELEPHONE <u>250 539 2452</u>	
	MAILING ADDRESS <u>BOX 36 SATURNA</u>		CITY <u>CS</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	APPROVED SEPTIC TANK <u>MURPHY'S CO</u> MANUFACTURER	APPROVED PACKAGE TREATMENT PLANT MAKE	SAND MOUND INFILTRATION BED AREA	METHOD OF EFFLUENT DISTRIBUTION <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> PRESSURE <input type="checkbox"/> SERIAL <input type="checkbox"/> OTHER
	MATERIAL <u>PLASTIC</u>	MODEL	PIPE DIAMETER	
	LIQUID VOLUME OF SEPTIC TANK <u>800 LITERS</u>	TREATMENT CAPACITY	TOTAL LENGTH OF PIPE/CHAMBER	
SITE INFORMATION COMPLETED SITE INVESTIGATION REPORT REQUIRED	AREA OF LOT: <u>181 x 60</u>		SOURCE OF DOMESTIC WATER: <u>WATER SYSTEM</u>	
	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER & BODIES OF NON-TIDAL WATER:			
	FROM OWN WELL: <u>NA</u>		FROM STREAM OR LAKE: <u>100' +</u>	
	FROM NEIGHBOURS WELL: <u>NA</u>		FROM WATER LINES: <u>10'</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>NOV 2 / 2000</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 ON-SITE 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"/> CONDITIONS	ALTERNATE METHOD - SEPTIC TANK		
	24" OF C33 SAND OR EQUIVALENT REQUIRED. SAND MOUND INFILTRATION BED 300 SQ. FT. (6' WIDE X 50' LONG).		
APPLICATION REJECTED <input type="checkbox"/> REASONS	INSTALLATION ONLY DURING DRY WEATHER & UNSATURATED SOIL CONDITIONS.		
	FILTER/SCREEN REQUIRED. FINAL SYSTEM PLAN REQUIRED.		
OFFICE USE ONLY	<div style="text-align: right;">ENTERED JAN 10 2001</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">FINAL</div>		
PAID <input checked="" type="checkbox"/>	E.H.O. <u>[Signature]</u>	DATE: <u>NOV 5 / 00</u>	
AMOUNT <u>250.</u>	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.		
OF RECEIPT <u>71.8</u>	BACKFILLING AND USE AUTHORIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DATE <u>NOV 5 / 00</u>	COMMENTS: <u>MAINTAIN ACCESS TO BATH TUBS - DIRECT SURFACE WATER AWAY FROM MOUND</u>		
INITIAL <u>N</u>	SIGNATURE: <u>[Signature]</u>	DATE: <u>JAN 5 / 01</u>	

SUNSET BLVD.

10/15/00
JG

