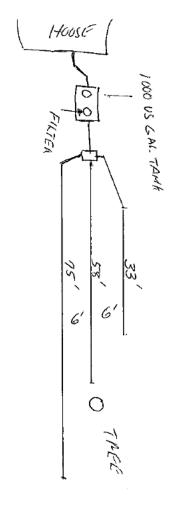


APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

COMPLETE TOP SECTION ONLY STATE OF THE PROPERTY OF THE PROPERT

LOT/PARCEL	LEGAL DESCRIPTION OF PROPOSED D	DIEDORAL EVETTALL CONTINUE	1000 470	1-1-			
INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION CC/POPATE 101						
INFORMATION	PLAN // /// LOT	SECTION	_/6	DISTRICT CO	ALK, BLOCK		
	STREET ADDRESS/GENERAL LOCATIO		HUNSI=				
OWNER		7.00	707-00	-			
WISHES TO RECEIVE	NAME.						
CORRESPONDENCE	MAILING	спу					
_APPLICANT	NAME GAILLS EX	TELEBRONE	(250) TELEPHONE 539-2452				
WISHES TO RECEIVE							
CORRESPONDENCE	MALINGADDRESS BOX 36. SATURATA 15.13C POSTAL CODE YON 140						
PREMISES	SEWAGE DISPOSAL SYSTEM WILL SERVE:						
INFORMATION	SINGLE FAMILY DWELLING	SINGLE FAMILY DWELLING DUPLEX DOTHER SPECIFY					
	ESTIMATED DAILY SEWAGE FLOW			GARBURATOR KYES INO			
				CARBURATOR	JACTES LIND		
SYSTEM	APPROVED SEPTIC TANK	APPROVED PACKAGE TREATMENT PLANT	SAND MOUND	24 //	METHOD OF EFFLUENT		
INFORMATION		TREATMENT PLANT	INFILTRATION BED AREA		DISTRIBUTION		
	MANUFACTURER	MAKE	DED TO GOT	170'	GRAVITY		
	MATERIAL PLAS 7/C	MODEL	PIPE DIAMETER		☐ PRESSURE		
	LIQUID VOLUME		T		☐ SERIAL		
	OF SEPTIC TANK 750 GA	TREATMENT CAPACITY	TOTAL LENGTH OF PIPE/CHAMBER		□ OTHER		
SITE	130 (3/1)		OF THE ESTA ON INDEED				
INFORMATION	AREA OF LOT: / AC + -	SOURCE	OF DOMESTIC WATER	· WATE	1 SYSTEM		
INFORMATION	DISTANCES OF PROPOSED DISPOSAL						
COMPLETED		1		ION-TIDAL WATER	:		
SITE	FROM OWN WELL: M// FROM STREAM OR LAKE: M//						
INVESTIGATION REPORT	FROM NEIGHBOURS WELL:	// FROM WA	TER LINES:	2 -			
REQUIRED	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS						
I COUNTED	ARE THERE ANY RESTRICTIVE COVENA	ANTS AND/OR EASEMENTS			- 1		
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100 DARK HORSE RD.

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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.



HEALTH PROTECTION & ENVIRONMENTAL SERVICES

SITE INVESTIGATION REPORT

LOT/PARCEL INFORMATION	PLAN / // LOT SECTION / 6 DISTRICT CO \LL BLK.						
	STREET ADDRESS OF PROPERTY OG DARK HUNSE AD (PALYATE)						
OWNER INFORMATION	NAME MAILIN POSTACCODE						
SITE INFORMATION	AREA OF LOT / AC + - SOURCE OF DOMESTIC WATER: DEPTH OF SOIL TO: (INCHES) HARDPAN BEDROCK 36 78 45 WATERTABLE AA SOURCE OF DOMESTIC WATER: DISTANCES OF FROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER: FROM OWNWELL AA FEET FROM NEIGHBORS WELL AA FEET FROM STREAM OR LAKE OR LAKE FROM STREAM OR LAKE FROM WATER LINES 75 FEET						
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? UVES A 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 POR QUE LOARAN INSPECTION HOLE #2 ROPOUS LOARAY Y SQIL OVER LAYING BED SQLE OVER KYING BED ROCK AREA FEVELLES ADD ROCK SQILS DEPEND OUT 12 YEARS AGO SQUE DEDITH FROM BANK AS RED ROCK VALUES VITTI STOPE OF SLOPE DOVER SOLL DEDITH SIDENTIFIC HOLE #1 UMBER OUTER 2 ROCKS OF DEL UPPER SUIÉ OF STOPE INFILTER ATOR 44" + -21" SOLL DEPTCH						
	DEPTHS OF HOLES TO BE 18 - 24" DEEP						
PERCOLATION TEST RESULTS AS PER SCHEDULE 1, See 1b)	PERCOLATION TEST HOLE #1 3 MINUTES TEST HOLE #3 7 MINUTES						
	PERCOLATION TEST HOLE #2 3 2 MINUTES TEST HOLE #4 3 MINUTES						
	THE AVERAGE PERCOLATION RATE OF THE FOUR HOLES IS: 3 MINUTES						
SITE INVESTIGATION PERFORMED BY	NAME TOHM GAINES ADDRESS BOX 34. SATURM ATS BC. POSTALCODE VOH 240 TELEPHONE NUMBER 539-2452						
	SIGNATURE SIGNATURE DATE THE ENVIRONMENTAL HEALTH OFFICER MAY REQUIRE ALTERNATIVE OR ADDITIONAL TESTS.						
DETAILED INSTRUCTIONS ON BACK OF FORM							

AINSLIE - PM-6/EHOFORMISITÉ INVESTIGATION REPORT



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

THE SEWAGE DISPOSAL S	SYSTEM					
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LEGAL DESCRIPTION:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1	Jone			
	Lot NW 1/4	_Section	/6	_District	Cow.	
is ready for final inspection.						
The installation has been comp Columbia, Capital Health Regio	leted in accordanc in Guidelines and c	e with the Sewag onditions specific	ge Disposal Reg and on the permi	gulations of Br it.	ritish '	
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, arrising 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.						
CONTRACTOR/INSTALLER		SIGNATURE (OWNER/APPLICANT	(/installer)		
		TEET ONE	no mulei l			
	PECTION WILL I					

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

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