



Province of British Columbia

Ministry of Health
PUBLIC HEALTH PROTECTION

APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

THE APPLICANT LISTED BELOW HEREBY MAKES APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM PURSUANT TO THE REQUIREMENTS OF THE SEWAGE DISPOSAL REGULATIONS AND AS DESCRIBED IN THE PLAN AND SPECIFICATIONS CONTAINED HEREIN AND/OR ATTACHED HERETO.

PLEASE PRINT OR TYPE

185 Dogwood Lane

APPLICANT'S FULL NAME



TYPE OF PREMISES SERVED

SINGLE FAMILY DWELLING DUPLEX OTHER SPECIFY _____

ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS)

300

DIMENSIONS OF LOT

FRONT 182'
SIDES - NORTH 571'-5-563'

LOT AREA

2.13 ACRES

DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE

3' 6"

SEPTIC TANK (NAME, IF PREFABRICATED)

CONCRETE

LIQUID CAPACITY

750 GALLONS

TYPE OF ULTIMATE DISPOSAL

CONVENTIONAL SYSTEM
 ALTERNATE (DESCRIBE)

TOTAL LENGTH OF DISPOSAL PIPE

292'

TYPE OF PIPE

PLASTIC PERFOR.

INSIDE DIAMETER OF PIPE

4"

DISTANCES FROM SOURCES OF DOMESTIC WATER

45'

FROM OWN

100'

FROM NEIGHBOUR'S

FROM STREAM OR LAKE

IF A PACKAGE TREATMENT PLANT IS PROPOSED

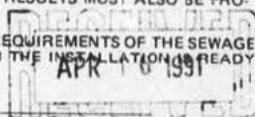
MAKE AND MODEL

TREATMENT CAPACITY

NOTE: A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION (see below) AND PERCOLATION TEST RESULTS MUST ALSO BE PROVIDED. RESULTS SHOULD BE RECORDED ON PLOT PLAN.

THE SEWAGE DISPOSAL SYSTEM DESCRIBED ABOVE MUST BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE SEWAGE DISPOSAL REGULATIONS. THE MEDICAL HEALTH OFFICER OR HIS DELEGATE MUST BE NOTIFIED WHEN THE INSTALLATION IS READY FOR USE AND BEFORE COVERING.

x April 16 91
DATE OF APPLICATION



PERMIT TO CONSTRUCT PURSUANT TO THIS APPLICATION AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM.

CONDITIONS OF PERMIT Alternative method. One foot of soil fill, perc rate 10-20 minutes required. Install the drainfield across the slope of the property.

May 1 1991
DATE OF ISSUANCE

[Signature]
MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR

NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR. AUTHORIZATION TO USE THE SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BY-LAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES SIX MONTHS FROM DATE OF ISSUE.

COMMENTS

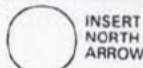
BACKFILLING AND USE AUTHORIZED YES NO

DATE

3/1/91

[Signature]
MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR

A PLOT PLAN SHOWING LOCATIONS OF BUILDINGS, SEPTIC TANKS, DISPOSAL FIELDS (YOURS AND YOUR NEIGHBOURS), ALL DRINKING WATER SOURCES, WATER LINES, PERCOLATION HOLES AND RESULTS, 4 FOOT TEST HOLES AND SURFACE WATERS MUST BE PROVIDED WITH THIS APPLICATION.



PERC RATES _____

no attached

C.H.S. - ENVIRONMENTAL PROG.

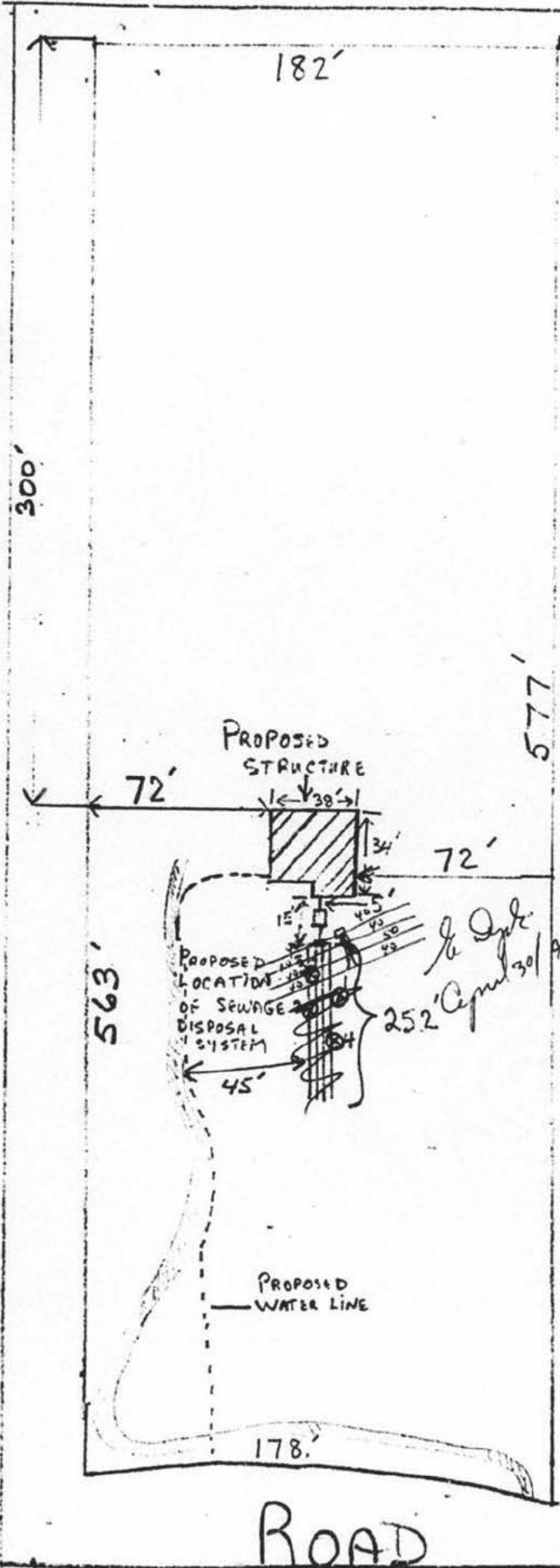
PAID

119450

APR 29 1991

LOT : 3
PLAN : 2:12
DIST. LOT : 19
LD : COWICHAN DISTRICT

SCALE: 1" = 60'



NORTH

- ⊗ DENOTES TEST HOLE - PERCOL
- # 1 = 1" - 15 min.
- 2 = 1" - 15 min.
- 3 = 1" - 2 min.
- 4 = 1" - 3 min.

ADDRESS: 185 DOGWOOD LANE
FOR: [REDACTED]

PHONE: 537-5849

RECEIVED
APR 16 1991

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.

A FINAL INSPECTION CANNOT BE CARRIED OUT UNTIL THE INSPECTOR
IS IN RECEIPT OF THIS COMPLETED DECLARATION/WAIVER

CAPITAL REGIONAL DISTRICT HEALTH INSPECTION SERVICES

Declaration/Request for Final Inspection
of Sewage Disposal System

I hereby declare that the sewage disposal system at:

Address: *185 Dogwood Lane, Ganges, BC*

Legal Description: *Lot 3, Plan 2112, Dist. Lot 19, Cowichan District.*

for which a permit was issued on _____ will be
ready for final inspection on *August 13, 1991*. The installation
has been completed in accordance with the Sewage Disposal Regulations
of British Columbia and conditions specified on the permit.

Waiver of Indemnity

The undersigned, applicant, developer, contractor, or owner, assume
all risks or hazards incidental to health inspection services and agree
to release, dissolve, save harmless and keep indemnified the Capital
Regional District 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 connection with the health inspection services, notwithstanding
that the same may have been contributed to, caused or occasioned by
the negligence of the Capital Regional District, its officers, employees,
officials, agents, servants and representatives. It is understood that
no warranty is implied for health inspection services of the Capital
Regional District and that this agreement is to be binding on myself,
my heirs, executors and assigns.

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.

Aug 13/91
Date

[Signature]
Signature

Name of Owner: [Redacted]
Present Address: [Redacted]
Telephone Number: [Redacted]
Contractor: [Redacted]
Address: [Redacted]
Telephone: [Redacted]

Note: Poured on-site septic tanks may require water test.



**Capital Regional District
Community Health Services**

Environmental Program

Sewage Disposal Regulations

Schedule 1

Site Investigation Report

Owner of property: [REDACTED]

Owner's address: [REDACTED]

Legal description of property being tested: LOT #3, PLAN 2112, DISTRICT
LOT 19, NORTH SALT SPRING ISLAND
COWICHAN DISTRICT

Street address: _____

Number of 1.2m (4 ft.) deep inspection holes as per subsection 1 (a) ONE

Conditions found: (depth of native undisturbed permeable soil) including depth of water table, clay, hardpan & rock)

TOP SOIL 2"

UNDISTURBED PERMEABLE SOIL 3 FEET

HARDPAN 4 FEET

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 VHA and the recipient is advised to confirm all information.

Percolation test results as per subsection 1 (b)

Test hole 1 = 15 minutes @ 2.5 cm (22 inches) deep
 Test hole 2 = 15 minutes @ 2.5 cm (22 inches) deep
 Test hole 3 = 2 minutes @ 2.5 cm (24 inches) deep
 Test hole 4 = 3 minutes @ 2.5 cm (24 inches) deep

Site investigation performed by:

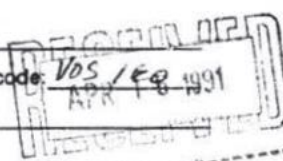
Name: [REDACTED]

Address: [REDACTED]

Postal code: V0S 1E8

Date of test: MARCH 29, 1991

Signature: [REDACTED]



N.B. This report contains the minimum requirements. The public health inspector may require alternative or additional tests (as per subsection 3(2)).