



APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION PL <u>73209</u> LOT <u>B</u> SECTION <u>51</u> STREET ADDRESS/GENERAL LOCATION <u>212 HAMILTON-HORNE WAY</u>		<u>SOUTH SALT SPRING</u> DISTRICT <u>COWICHAN</u> BLOCK
OWNER <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	[REDACTED]		
APPLICANT <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE			
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____ ESTIMATED DAILY SEWAGE FLOW <u>375 GPD</u>		NUMBER OF BEDROOMS <u>4</u> GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	APPROVED SEPTIC TANK	APPROVED PACKAGE TREATMENT PLANT	SAND MOUND INFILTRATION BED AREA
	MANUFACTURER <u>Dans Precast</u>	MAKE	
	MATERIAL <u>Concrete</u>	MODEL	PIPE DIAMETER
	LIQUID VOLUME OF SEPTIC TANK <u>1100</u>	TREATMENT CAPACITY	TOTAL LENGTH OF PIPE CHAMBER <u>250</u>
SITE INFORMATION	AREA OF LOT: <u>20 AC</u>	SOURCE OF DOMESTIC WATER: <u>WELL</u>	
	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER & BODIES OF NON-TIDAL WATER:		
	FROM OWN WELL: <u>160'</u>	FROM STREAM OR LAKE: <u>N/A</u>	
	FROM NEIGHBOURS WELL: <u>400'</u>	FROM WATER LINES: <u>N/A</u>	
COMPLETED SITE INVESTIGATION REPORT REQUIRED	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 INFORMANT'S SIGNATURE: [REDACTED]	AND TRUE TO THE BEST OF MY KNOWLEDGE: DATE: <u>18 SEP 03</u>	

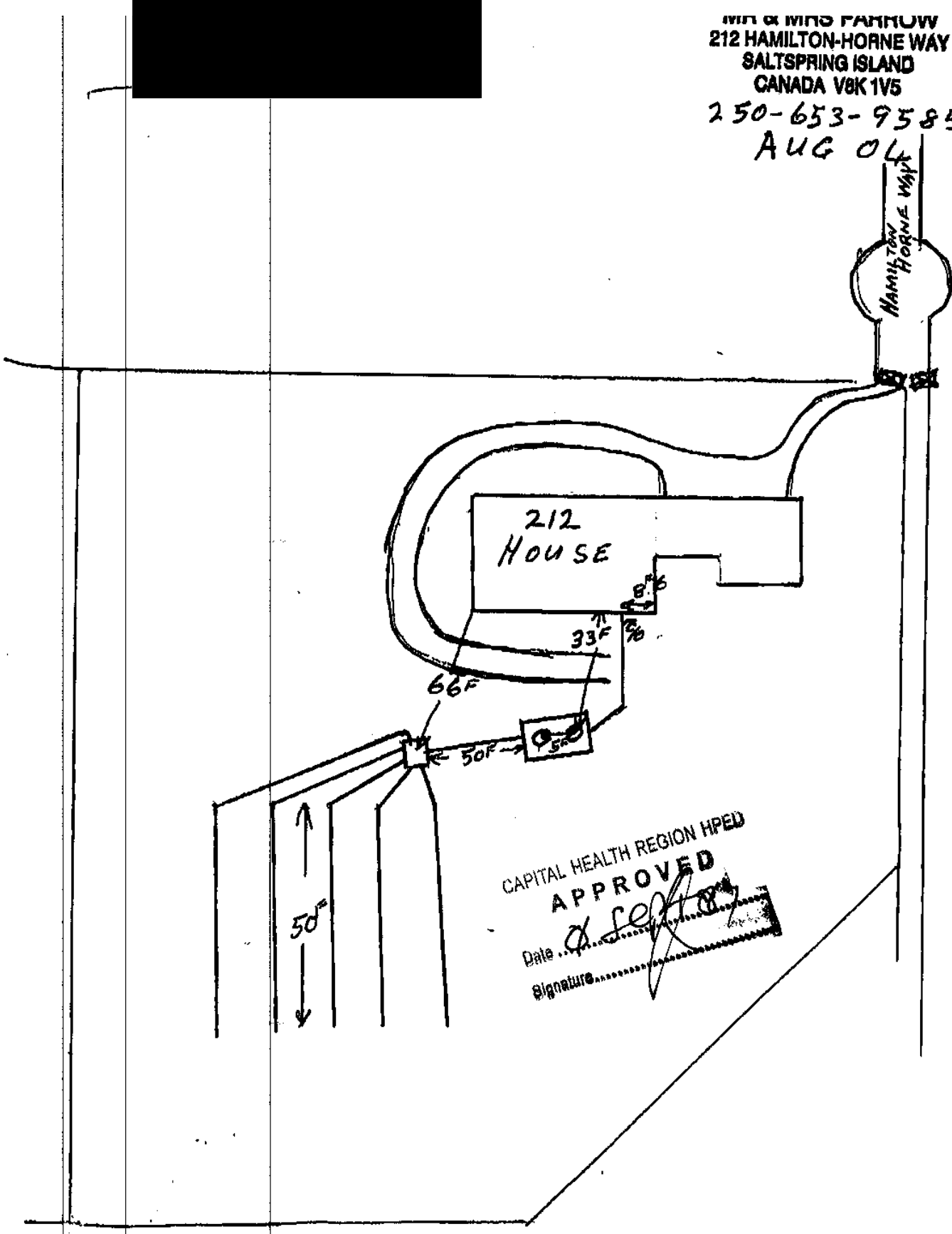
ATTACH A SITE PLAN TO THE COMPLETED APPLICATION PACKAGE (Application Form, Notice, Authorization and Site Investigation Report)

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 CONDITIONS	ALTERNATE METHOD - SEPTIC TANK FILTER CLOTH REQUIRED OVER CHAMBERS SHALLOW TRENCH (24" WIDE X 18" DEEP) FILTER/SCREEN REQUIRED ON SEPTIC TANK OUTLET CHAMBERS ARE TO BE INSTALLED IN ACCORDANCE WITH CHR'S MOST RECENT POLICY FINAL SYSTEM PLAN REQUIRED		
APPLICATION REJECTED REASONS	FINAL		
OFFICE USE ONLY	PAID <input checked="" type="checkbox"/> AMOUNT <u>250</u> # OF RECEIPT <u>130</u> DATE <u>SEP 24/03</u> INITIAL <u>[Signature]</u>		
	E.H.O. <u>[Signature]</u>	DATE: <u>SEPT 24/03</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.		
	BACKFILLING AND USE AUTHORIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	COMMENTS		
	SIGNATURE: <u>[Signature]</u>	DATE: <u>21 OCT 03</u>	

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.

FILED FORM SEWER PERMITS - NOVEMBER 1997 THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.

MR & MRS FARROW
212 HAMILTON-HORNE WAY
SALTSPRING ISLAND
CANADA V8K 1V5
250-653-9585
AUG 04



CAPITAL HEALTH REGION HPED
APPROVED
Date...
Signature...

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

THE SEWAGE DISPOSAL SYSTEM AT:

ADDRESS: 212 HAMILTON-HORNE WAY SALT SPRING ISLAND B.C.

LEGAL DESCRIPTION: Plan 73209 Lot B Section 51 District 16
is ready for final inspection.

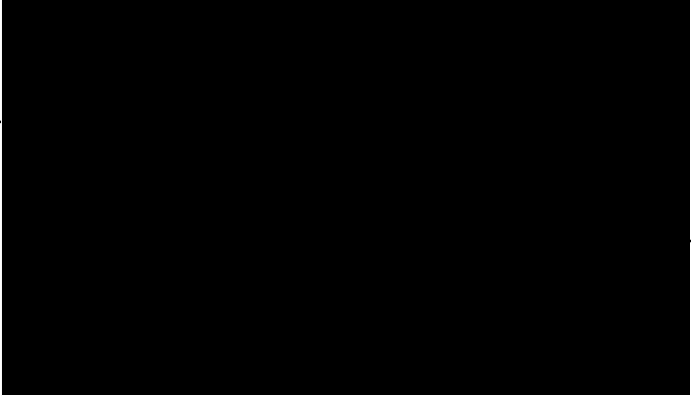
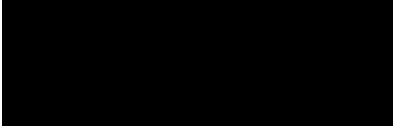
The installation has been completed in accordance with the Sewage Disposal Regulations of British Columbia, Vancouver Island Health Authority Sewage Disposal System Application Guidelines and conditions specified on the permit.

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 Vancouver Island Health Authority 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 Vancouver Island Health Authority, its officers, employees, officials, agents, servants and representatives. It is understood that no warranty is implied for health inspection services of the Vancouver Island Health Authority and that this agreement is to be binding on my self, my heirs, executors and assigns.

22 JULY 04

DATE



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

AINSLIE-F:EH01FORM REQUEST FOR FINAL INSPECTION OF SEWAGE DISPOSAL SYSTEM - AUGUST 2003

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SITE INVESTIGATION REPORT

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPERTY PLAN <u>+1808</u> LOT <u>B</u> SECTION <u>51</u> DISTRICT <u>SOUTH SALTSRING BLK</u> STREET ADDRESS OF PROPERTY <u>HAMILTON-HORNE RD</u>	
OWNER INFORMATION	NAME [REDACTED] MAIL [REDACTED]	
SITE INFORMATION	AREA OF LOT <u>20 Ac</u> DEPTH OF SOIL TO: (INCHES) HARDPAN <u>8"</u> BEDROCK _____ WATER TABLE _____	SOURCE OF DOMESTIC WATER: <u>WELL</u> DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER: FROM OWN WELL <u>160'</u> FEET FROM NEIGHBORS WELL <u>200'</u> FEET FROM STREAM OR LAKE <u>N/A</u> FEET FROM WATER LINES <u>N/A</u> 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? <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>SAND GRAVEL</u> INSPECTION HOLE #2 <u>SAND GRAVEL</u> _____ _____ _____ _____	
PERCOLATION TEST RESULTS AS PER SCHEDULE 1, See 1b)	DEPTHS OF HOLES TO BE 18 - 24" DEEP PERCOLATION TEST HOLE #1 <u>5</u> MINUTES PERCOLATION TEST HOLE #3 _____ MINUTES PERCOLATION TEST HOLE #2 <u>5</u> MINUTES PERCOLATION TEST HOLE #4 _____ MINUTES THE AVERAGE PERCOLATION RATE OF THE FOUR HOLES IS: <u>5 MINUT</u> MINUTES	
SITE INVESTIGATION PERFORMED BY	NAME [REDACTED] ADDRESS [REDACTED] POSTAL [REDACTED] DATE OF [REDACTED] SIGNATURE [REDACTED] DATE <u>18 SEP 03</u>	
THE ENVIRONMENTAL HEALTH OFFICER MAY REQUIRE ALTERNATIVE OR ADDITIONAL TESTS. DETAILED INSTRUCTIONS ON BACK OF FORM		

AINSLIE - PM-2690 FORM SITE INVESTIGATION REPORT

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