



# 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

APPLICANT'S FULL NAME [REDACTED]	OWNER'S NAME [REDACTED]
LEGAL DESCRIPTION AND STREET ADDRESS 215 Sherard Hills Rd. LOT A DIST LOT 14 Plan 14167	POSTAL CODE [REDACTED]
APPLICANT'S PHONE [REDACTED]	

TYPE OF PREMISES SERVED  
 SINGLE FAMILY DWELLING     DUPLEX     OTHER SPECIFY

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

DEPTH OF SOIL TO HARDPAN OR BEDROCK HIGHEST WATER TABLE: 24 inches

SEPTIC TANK (NAME IF PREFABRICATED): Dan's Prefab

MATERIAL: Concrete

LIQUID CAPACITY: 600

TYPE OF ULTIMATE DISPOSAL: ~~LAGOON~~ SEEPAGE BED CONVENTIONS ETC

TOTAL LENGTH OF DISPOSAL PIPE: 210 FT

TYPE OF PIPE: P.V.C.

INSIDE DIAMETER OF PIPE: 3"

DISTANCES FROM SOURCES OF DOMESTIC WATER  
 FROM OWN: North S.S.I. WATER WORKS  
 FROM NEIGHBOUR'S: [REDACTED]  
 FROM STREAM OR LAKE: [REDACTED]

IF A PACKAGE TREATMENT PLANT IS PROPOSED: MAKE AND MODEL: NO

TREATMENT CAPACITY: NO

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 INSPECTION.

DATE OF APPLICATION: Oct 25/86

REC # 89049 CML [Signature]

C.H.S. - ENVIRONMENTAL PROG  
**PAID**  
OCT 14 1988

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

ISSUED PURSUANT to Sections 3 & 7 of the Regulations. 2 feet of minimum 10 minutes percolation soil fill required. Prior to construction, a site visit is required to assess depth of fill.

DATE OF ISSUANCE: 05/25/88

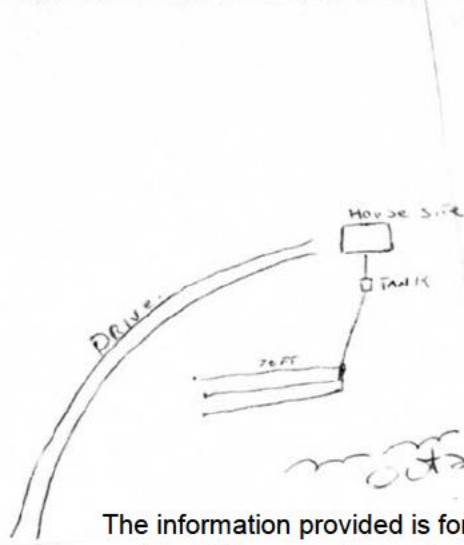
MEDICAL HEALTH OFFICER OR DELEGATE: [Signature]

NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR HIS DELEGATE. THIS SEWAGE DISPOSAL SYSTEM MUST BE INSPECTED 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: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FINAL INSPECTION: April 25/88
MEDICAL HEALTH OFFICER OR DELEGATE: [Signature]	

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.



3.04 ACRES  
NOT TO SCALE

PERC. RATES: 10 min

ZONING APPROVED  
FOR 1 S.F.D. 88-10-12  
[Signature]

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HEALTH PROTECTION &amp; ENVIRONMENT DIVISION

## APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

COMPLETE TOP SECTION ONLY

 NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION		
	PLAN <u>14167</u>	LOT <u>A</u>	SECTION _____ DISTRICT <u>14</u> BLK. _____
STREET ADDRESS / GENERAL LOCATION <u>215 Shepherd hills Rd.</u>			
OWNER INFORMATION	NAME OF OWNER _____		
	MAILING ADDRESS _____	NUMBER AND STREET _____	CITY _____ POSTAL CODE _____
WISHES TO RECEIVE CORRESPONDENCE <input type="checkbox"/>			
APPLICANT INFORMATION	NAME OF OWNER <u>AS ABOVE</u> TELEPHONE NUMBER _____		
	MAILING ADDRESS _____	NUMBER AND STREET _____	CITY _____ POSTAL CODE _____
WISHES TO RECEIVE CORRESPONDENCE <input type="checkbox"/>			
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE:		NUMBER OF BEDROOMS <u>5</u>
	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> OTHER SPECIFY _____
ESTIMATED DAILY SEWAGE FLOW _____		GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SYSTEM INFORMATION	METHOD OF EFFLUENT DISTRIBUTION	MANUFACTURER AND MATERIAL OF APPROVED SEPTIC TANK	IF PACKAGE TREATMENT PLANT IS PROPOSED
	<input checked="" type="checkbox"/> GRAVITY	<u>600 Plus 600 additional</u>	MAKE _____
<input type="checkbox"/> PRESSURE	LIQUID VOLUME OF SEPTIC TANK	MODEL TREATMENT CAPACITY _____	
<input type="checkbox"/> SERIAL	TOTAL LENGTH OF PIPE	DIAMETER OF PIPE	
<input type="checkbox"/> OTHER	<u>210 + 240</u>	<u>3"</u>	
SITE INFORMATION	AREA OF LOT _____	SOURCE OF DOMESTIC WATER: <u>MUNICIPAL WATER</u>	
	DEPTH OF SOIL TO: _____	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER:	
COMPLETED SITE INVESTIGATION REPORT REQUIRED <input type="checkbox"/>	<input type="checkbox"/> HARDPAN, _____	FROM OWN WELL _____	FROM NEIGHBOURS WELL _____
<input type="checkbox"/> BEDROCK, _____	FROM STREAM OR LAKE _____	<u>30'</u>	FROM WATER LINES _____
<input type="checkbox"/> WATERTABLE _____			
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SYSTEM?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, EXPLAIN AND ATTACH DOCUMENTS.		
APPLICANT SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:		
SIGNATURE _____	DATE <u>July 9/96</u>		

ATTACH THREE SCALED SITE PLANS AND PERCOLATION TEST RESULTS ALONG WITH COMPLETED NOTICE FORM WITH THIS APPLICATION

PERMIT TO CONSTRUCT <input checked="" type="checkbox"/>	PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.
CONDITIONS	
APPLICATION REJECTED <input type="checkbox"/>	Alternative method. Standard trench [24" wide x 24" deep (maximum)] (12" rock). 1' perc soil material/C.33 sand or equivalent. Final system plan required. Filter/screen on outlet tee of second septic tank. Ensure equal distribution of effluent. Each disposal field lateral must have approximate equal length.
REASONS	
OFFICE USE ONLY	
PAID <input checked="" type="checkbox"/> \$100	
AMOUNT <u>55358</u>	
# OF RECEIPT _____	
DATE <u>July 5/96</u>	
DATE <u>W.O.</u>	
FOLIO NUMBER _____	E.H.O./P.H.I. _____ DATE <u>JULY 10/96</u>
FINAL <input type="checkbox"/>	NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OF ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITY FOR ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE INTO FUTURE APPLICATIONS FROM THE DATE OF ISSUE.
BACKFILLING AND USE AUTHORIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Signature <u>M. Reeb</u> DATE <u>Sept 3/96</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 V.I.A. and the recipient is advised to confirm all information.

Wolfe - Milner and Assoc.  
British Columbia Land Surveyors  
Ganges, Salt Spring Island  
**CERTIFICATE OF LOCATION**

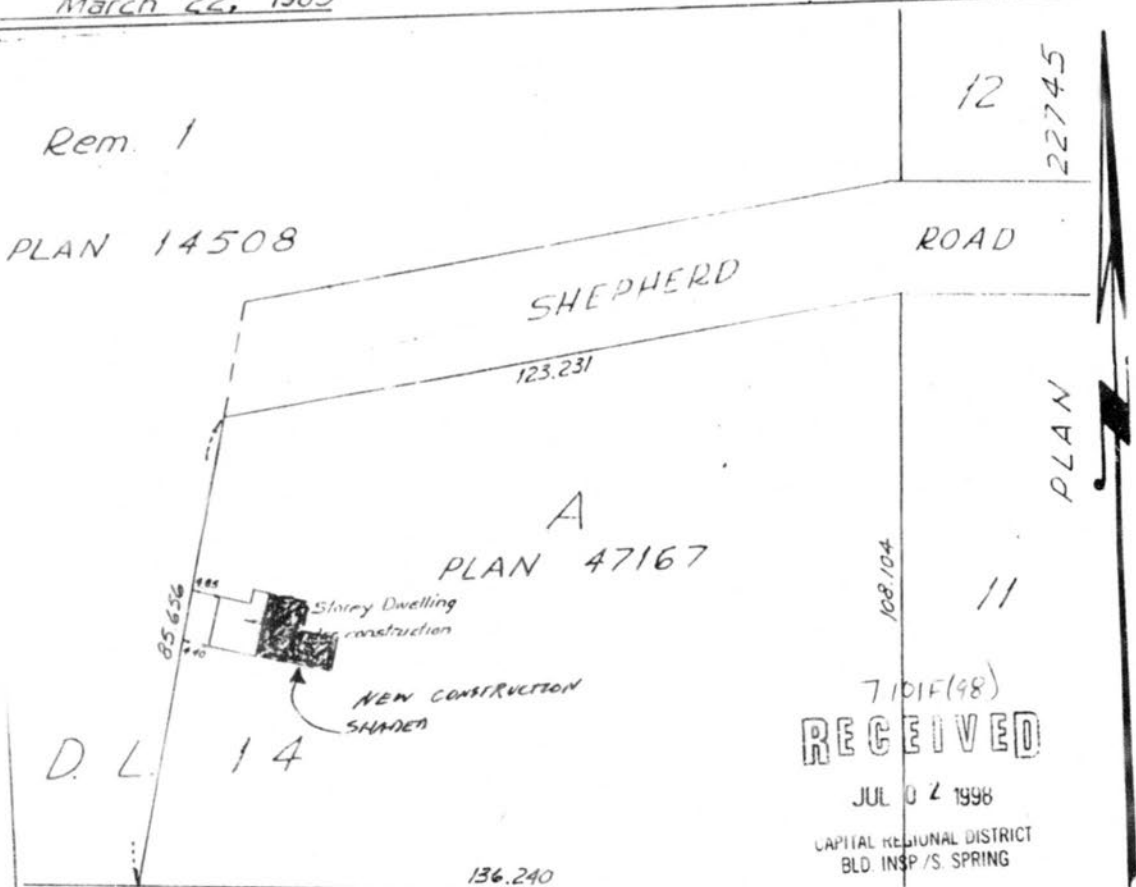
TO WHOM IT MAY CONCERN

Re: Lot A, District Lot 14, North Salt Spring Island,  
Cowichan District, Plan 47167.

heraby certify that the sketch below represents the location of  
the building on the above described property with relation to the  
boundaries thereof.

Ganges, B.C.  
March 22, 1989

B.C.L.S.



The re-issue of this certificate does not constitute any  
representation as to the state of the land or buildings at the time of re-issue.

D. L. 13

June 3, 1998

*[Signature]*  
Brian G. Wolfe-Milner, B.C.L.S.

NOTE:  
Pursuant to Section 17.4 (1) and (2) of the Salt Spring Island  
Trust Committee By-law No 123, as adopted June 5, 1985,  
the location of the dwelling under construction shown herein  
conforms to the building set-back requirements.

Scale ~ 1:1000 (Metric)

All distances are in metres.

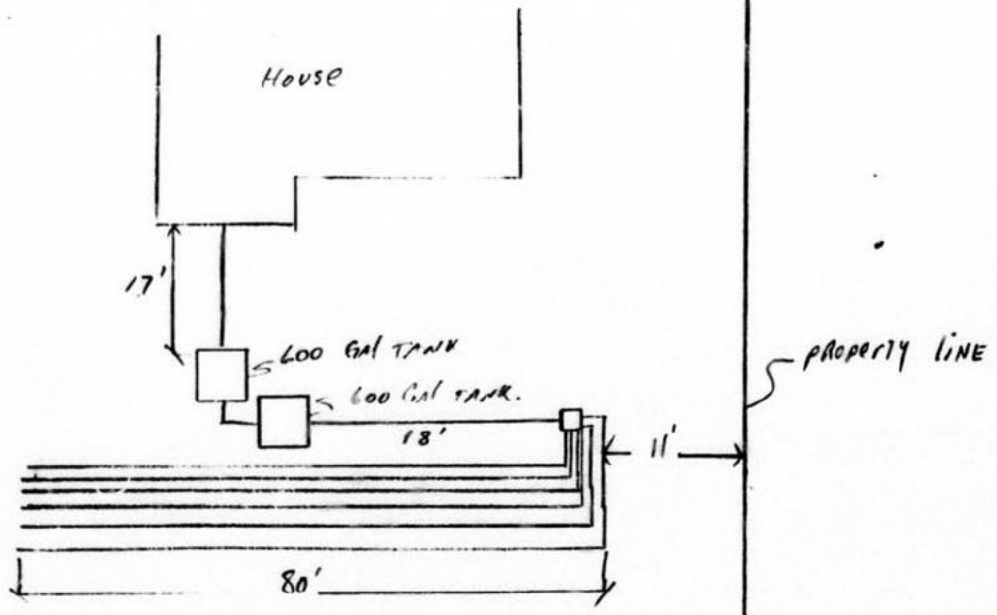
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C-783

PC

537 - 9693

215 [redacted] Shepherd hills rd.

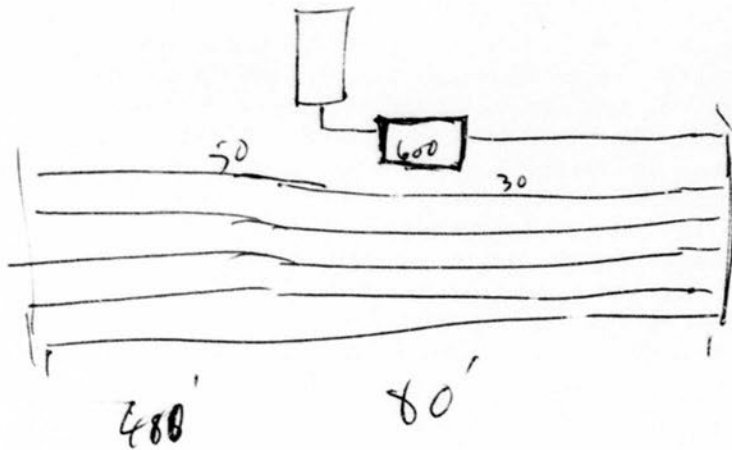


3" pert pipe - 480'

M Riefman  
Sept 3/96

Michael Riefman, C.P.H.I. (C),  
Registered Environmental Health Officer

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Declaration/Request for Final Inspection  
of Sewage Disposal System

I hereby declare that the sewage disposal system at:

Address: 215 SHEPARDHILLS ROAD, SALTSRING

Legal Description: Lot A, Dist. Lot 14, Plan 14167

for which a permit was issued on Oct 25/88 will be  
ready for final inspection on April 25/89. 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, assumes  
all risks or hazards incidental to health inspection services and  
agrees 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.

April 25/89

Date

Chris A. Brown

Signature

Name of Owner: [REDACTED]

Present Address of Owner: 215 SHEPARD HILLS Rd Postal Code: V0S1E0

Telephone Number of Owner: WORK NUMBER [REDACTED]

Contractor: C. H. Byron Etc.

Address: C 42 RR 4 MANSEH Rd

Telephone: 537-4249

A FINAL INSPECTION CANNOT BE CARRIED OUT UNTIL THE INSPECTOR

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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.

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

CAPITAL REGIONAL DISTRICT COMMUNITY HEALTH SERVICE

PERCOLATION TEST RESULTS

OWNER OF PROPERTY: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY BEING TESTED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUBDIVISION

SEWAGE DISPOSAL

PERCOLATION RESULT  
(See 5.01)

Hole 1 = 10 minutes

Hole 2 = 10 minutes

Hole 3 = 10 minutes

Hole 4 = 10 minutes

Average = 10.1 minutes *Exactly soil*

Depth of Permeable Soil

Over 4 feet \_\_\_\_\_ Less than 4 feet \_\_\_\_\_

If less than 4 feet, this is due to rock \_\_\_\_\_, clay , at 2 feet.

Depth to Water Table

Over 4 feet \_\_\_\_\_ Less than 4 feet \_\_\_\_\_

If less than 4 feet, then depth is 2 feet.

REMARKS: Region 2 FT of 10 min Peak Soil  
Exactly soil good to 24 inches

SOIL TEST PERFORMED BY:

NAME: C. N. Byrn Etc.

ADDRESS: C 42 RAY MANSEL Rd POSTAL CODE: 68100

TELEPHONE NO.: 532-4249  
*GANGES B.C.*

DATE OF TEST: Sept 6/88

SIGNATURE: Charles W. Byrn

Y-SAN-13(84/5)

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<b>LOT/PARCEL INFORMATION</b>	<b>LEGAL DESCRIPTION OF PROPERTY</b> PLAN <u>14167</u> LOT <u>A</u> SECTION _____ DISTRICT <u>14</u> BLK. _____ STREET ADDRESS OF PROPERTY BEING TESTED <u>215 Shepherd hills Rd.</u>		
<b>OWNER INFORMATION</b>	NAME _____ TELEPHONE NUMBER _____ MAILING ADDRESS <u>215 Shepherd hills Rd</u> <u>SALISPRING ISLAND</u> <u>VRK 2118</u> <small>NUMBER AND STREET CITY POSTAL CODE</small>		
<b>SITE INFORMATION</b>	AREA OF LOT <u>3.04</u> DEPTH OF SOIL TO: HARDPAN <u>42</u> INCHES BEDROCK _____ INCHES WATERTABLE _____ INCHES	SOURCE OF DOMESTIC WATER: <u>MUNICIPAL</u> DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER: FROM OWN WELL _____ FEET FROM NEIGHBOURS WELL _____ FEET FROM STREAM <u>400</u> FEET FROM WATER LINES <u>30</u> FEET OR LAKE _____	
<b>RESTRICTIVE COVENANTS AND/OR EASEMENTS</b>	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.		
<b>SITE INVESTIGATION</b>	DESCRIBE CONDITIONS FOUND IN EACH OF 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>LOAM 42" DEEP TO</u> <u>CLAY.</u>	INSPECTION HOLE #2 <u>SAME AS #1</u>	
<b>PERCOLATION TEST RESULTS AS PER SCHEDULE 1, SEE 1b</b>	<b>DEPTH OF HOLES TO BE 18 - 24" DEEP.</b>		
	PERCOLATION TEST HOLE #1 _____ MINUTES PERCOLATION TEST HOLE #2 _____ MINUTES	PERCOLATION TEST HOLE #3 _____ MINUTES PERCOLATION TEST HOLE #4 _____ MINUTES	
	THE AVERAGE PERCOLATION RATE OF THE FOUR HOLES IS _____ MINUTES		
<b>SITE INVESTIGATION PERFORMED BY:</b>	NAME _____ ADDRESS _____ POSTAL CODE _____ TELEPHONE NUMBER <u>5</u> DATE OF TESTS _____ SIGNATURE _____ DATE <u>July 1/96</u>		
THE ENVIRONMENTAL HEALTH OFFICER MAY REQUIRE ALTERNATE OR ADDITIONAL TESTS. DETAILED INSTRUCTIONS ON BACK OF FORM 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.			





**HEALTH PROTECTION AND ENVIRONMENT DIVISION**

2170 Mount Newton X Road

SAANICHTON, B.C.

V8M 2B2

544-2426

Declaration/Request for Final Inspection  
of Sewage Disposal System

I hereby declare that the sewage disposal system at:

Address: 215 Shepherd Hills Road

Legal Description: LOT A PLAN 14167 SECTION Salt Spring Island BC

for which a permit was issued on July 10, 1996 will be

ready for final inspection on Aug 29/96. 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, assumes all risks or hazards incidental to health inspection services and agrees 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 my self, my heirs, executors and assigns.

Aug 29/96  
DATE

[REDACTED]  
SIGNATURE

Name of Owner: [REDACTED]

Present Address of Owner: 215 Shepherd hills rd Postal Code: V8K 2H8

Telephone Number of Owner: [REDACTED]

Contractor: KEN BYRON INC Address: FILTER AND REMAINING PAPER  
TO BE INSTALLED AT TIME OF BACKFILL.

Telephone: 537-2882

N.B. 1) A FINAL INSPECTION WILL NOT BE CARRIED OUT UNTIL THIS

DECLARATION IS COMPLETED AND SUBMITTED

2) A FINAL REINSPECTION FEE OF \$100.00 WILL BE CHARGED IF FINAL INSPECTION IS NOT CORRECT THE FIRST TIME.

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