

NORTHWESTERN HEALTH UNIT CERTIFICATE OF COMPLETION

for
SEWAGE SYSTEM

APPLICATION NO.
9907-03

INSPECTION DETAILS	TIME <u>OCT 31 2003</u>	DATE	WEATHER
REPRESENTING:	THE OWNER	THE INSTALLER <u>ALLAN ALCOCK</u>	

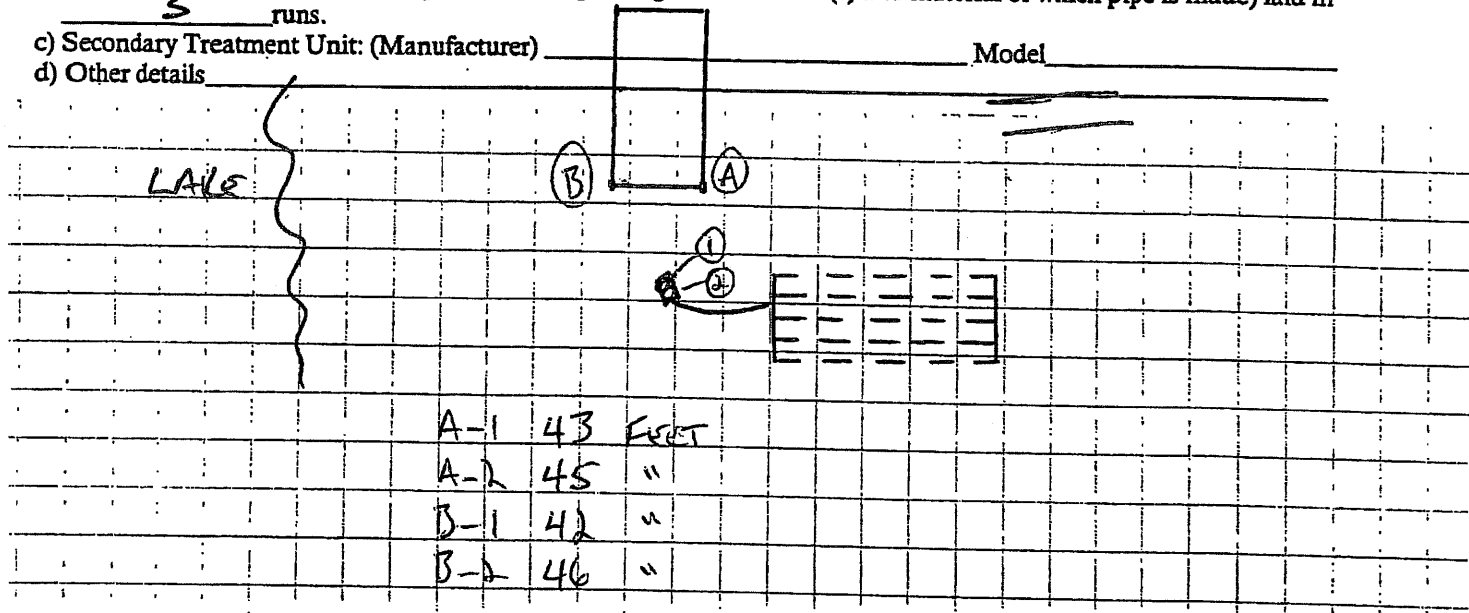
1. Work authorized by the Sewage System Permit has been satisfactorily completed and includes:
- a) SEPTIC TANK / ~~HOLDING TANK~~ of working capacity of 800 gallons/litres constructed of concrete plastic fibreglass onsite prefabricated to serve 3 (no. of bedrooms/units)

Make and model of tank: EQUINOX 3 CHAMBER

- b) LEACHING BED of total 250 feet/metres of 4 inch diameter distribution pipe of PVC (type and product description eg. manufacturer(s) and material of which pipe is made) laid in 5 runs.

c) Secondary Treatment Unit: (Manufacturer) _____ Model _____

d) Other details _____



2. The following work remains to be completed:
- Backfill System and Complete Finish Grading to Shed Run-off and Divert Water Around Leaching Bed
- Stabilize All Sloped Surfaces Other

CERTIFICATE OF COMPLETION

Under the Building Code Act, and subject to the provisions of the Act and Regulation, a Certificate of Completion is hereby issued to (owner) FRANK PETERSON for the use and operation of the Class 4 sewage system constructed / installed / enlarged / extended / altered pursuant to the Sewage System Permit issued under the above application number in accordance with the application and Sewage System Permit with any changes indicated above and located on Lot 1 Concession _____ Plan No. 25M-905 Parcel _____

Sub-Lot No. _____ Township _____ District of Kenora / Rainy River (circle one)

Inspected and Recommended by: <u>DAVID VERFUNST</u>	Permit Issued by: <u>[Signature]</u>	Date Issued: <u>DEC. 17, 2003</u>
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NORTHWESTERN HEALTH UNIT
SEPTIC SYSTEM GUIDELINES

NAME: Mr. Frank Peterson
PERMIT NUMBER: 9907-03
DATE OF INSPECTION: April 25, 2003
WORKING CAPACITY OF SEPTIC TANK: 800 Gallons + pump chamber
LENGTH OF DISTRIBUTION PIPE: 250 Feet

SEPTIC SYSTEM GUIDELINES and REGULATORY MINIMUMS:

The following conditions are attached to your permit to prevent breakout of sewage, provide sufficient retention volume, and to ensure treatment.

1. Clear, excavate to an average depth of 2 ½ feet and level an area 21' X 70'. Scarify or loosen bottom of excavation. Backfill and compact to 3' with sand or gravel.
2. On 6" of 1 1/2" crushed stone, 18" wide and 5' centres, lay 4 lines 63' each of 4" diameter PVC perforated pipe running from a distribution box or solid header. Perforated piping should be laid on a slope of approximately 1/2" per ten feet. Tie in ends with solid pipe.
3. Mound 2-4" crushed rock over perforated pipe and cover with untreated building paper.
4. Cover with 16-18" of sand on top of untreated building paper.
5. Stabilize perimeter on a slope of not less than 3 :1.
6. On up to 4" of topsoil, sod or seed to grass immediately.
7. Ensure that drainage is established around the septic field.
8. **SYSTEM COMPONENTS TO BE LEFT OPEN FOR INSPECTION.**



NORTHWESTERN HEALTH UNIT
APPLICATION FOR SEWAGE SYSTEM
 "Please Print Carefully"

Property Location:
 District: KENOMA Municipality/Township:
 House No./Street/Road: _____ Lot: 1 Con.: _____
 Parcel: _____ Plan No.: 23M-905 Sublot: _____ Other: _____
 Lot Dimensions:
 Frontage: _____ Depth: _____ Area: _____

Permit No. 9907.03
 Date Received APR. 28, 03
 Receipt No. 443793
 Fee Amount \$ 625⁰⁰

Owner/Agent:
 Registered Owner(s) FRANK PETERSON Agent Installer _____
 Mailing Address P.O. BOX 358 KENOMA Address _____
 Postal Code 99134 Postal Code _____
 Phone (H) 543 2395 Phone (H) _____
 (W) _____ (W) _____

Water Supply (Check Type Proposed/Existing)
 municipal () drilled well () dug well () other (state) LAKE (TREATED)
 depth of well casing () distance from septic tank () distance from leaching bed ()

Floor Area
 Residential floor area 1500 square feet/meters or less
 Is there a basement () yes () no If yes _____ square feet/meters
 ceiling height of basement _____ feet/meters
 Other Type _____
 floor area _____ square feet/meters

PLUMBING Complete the following table:

Description	Total #	X	Fixture Units	=	Total Fixate Units
Bathroom Group	<u>2</u>	x	6	=	<u>2x6=12</u>
Water Closets (Flush tank toilet)	<u>1</u>	x	4	=	<u>4</u>
Sinks (not included in bathroom group)	<u>2</u>	x	1 1/2	=	<u>3</u>
Bathtub and/or shower (not included)	_____	x	1 1/2	=	_____
Dishwasher	<u>1</u>	x	<u>1/2</u>	=	<u>2</u>
Clothes Washing Machine	<u>1</u>	x	1 1/2	=	_____
Single or Double Laundry Tub	_____	x	1 1/2	=	_____
Other	_____	x	_____	=	_____
Other	_____	x	_____	=	_____

Note: Two (2) compartment kitchen sink; count as one (1) sink

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Sewage Systems

Will more than one sewage system be used yes () no () Total # of bedrooms on the property A) 23

Total Floor Area of building B) _____

Total Fixture Units within all buildings on the property (taken from "Plumbing" section) C) 21

Total Daily Design Flow Rate (expressed in L/Day)(Determine from A,B, C, and charts provided) Q= 1600L

Describe Proposed Sewage Systems Area: a) slope _____ b) vegetation _____

c) Depth of Existing soils to: bedrock/hardpan _____ ft/m high groundwater table _____ ft/m

Describe Soils to be Used for Sewage System a) existing on-site soils () OR imported fill ()

b) Type of Soil Indicated Above (circle one) fine sand medium sand coarse sand sandy silt silt clay loam clay

c) Percolation Time of Proposed Soils (Refer to Info Sheets): T= 10 min/cm

d) Describe Soils (Downslope of Sewage System) → type of soil _____ vegetation _____

PROPOSE TO CONSTRUCT (Refer to Above info & to the Building Code and/or Info Sheets & Charts Provided)

() Class 2 Greywater Pit (daily sewage flow litres /gallons) _____
Wall structure → concrete block () rocks () other _____
Dimensions of Pit → length _____ width _____ height _____ type of cover _____
Type of Class 1 to be used privy () composting () chemical () electrical () other _____

() Class 3 Cesspool → wall structure → concrete blocks () rock () other _____

() Class 4 Standard Septic Field 250
Total length of pipe 100 ft/ # of runs of pipe 4 runs header () or distribution box ()
Use existing tank () OR new CSA Standard: concrete () polyethylene () fibreglass ()
Size _____ litres 800 gallons
Soil mantle required? A) no _____ b) yes _____ (if yes, state size _____ ft/m x _____ ft/m)
→ FILL/MANTLE HAULED ON SITE ALREADY

() Class 4 Treatment Unit Type of Treatment Unit _____
Total length of pipe _____ feet/meters # of runs of pipe _____
Soil mantle required yes () no () If yes, state size _____ ft/m x _____ ft/m

PLEASE NOTE SAMPLING REQUIREMENTS FOR THESE SYSTEMS IN INFORMATION PACKAGE

() OTHER SYSTEM Describe _____

() Class 5 (Holding Tank) → PERMITTED ONLY BY EXEMPTION UNDER THE BUILDING CODE.
() fibreglass () polyethylene () concrete size _____ litres/gallons

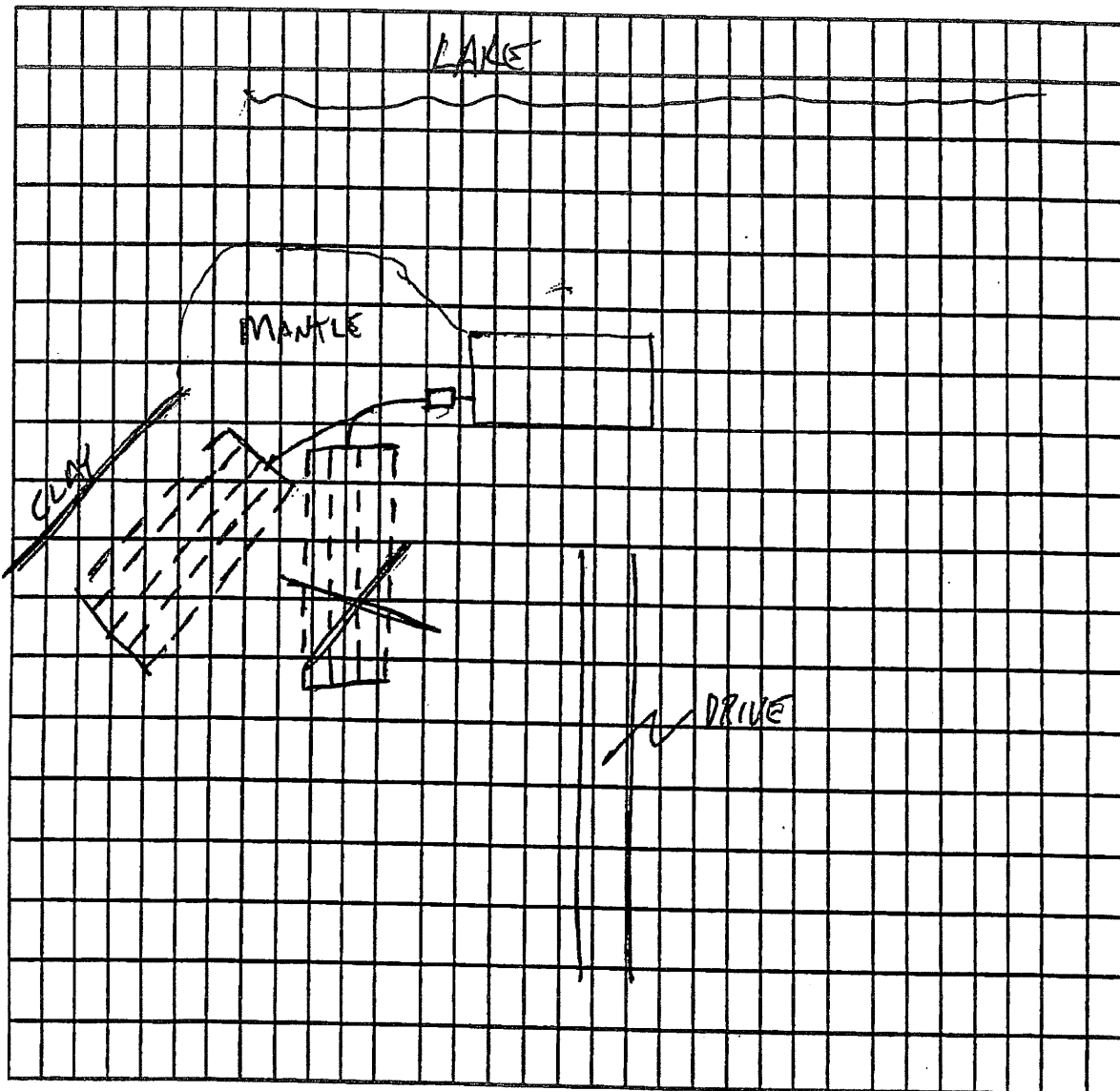
FOR ANY OF THE ABOVE IS A PUMP REQUIRED? yes () no ()

→ Contractor's name _____ → On-Site Supervisor _____

▶ SITE PLAN BELOW SHOULD BE REFERENCED TO A CURRENT SURVEY CERTIFIED BY A REGISTERED ONTARIO LAND SURVEYOR AND SHOW:

- ▶ Property lines, lot size, and dimensions of the property;
- ▶ Provide detailed sewage system diagram, including dimensions of leaching bed, soil mantle, septic tank location, and pump chamber, if required;
- ▶ Show setbacks from existing and proposed sewage systems to property boundaries, buildings, wells, (including neighbours), lakes, rivers, streams, reservoirs, ponds, and water drainage courses;
- ▶ Show location of any unsuitable, disturbed or compacted areas (driveways);
- ▶ Show existing or proposed utility corridors, right-of-ways-driveways, easements, crown reserves;
- ▶ Indicate drainage patterns, swales, culverts, rock outcroppings.

PRIOR TO CONSTRUCTION, ARRANGE FOR AN INSPECTOR TO APPROVE THE PROPOSED SITE AND SEWAGE SYSTEM



Directions to Property

(Show highways, roads, landmarks, etc. to follow)

Extraordinary travel costs by air, water, etc. are to be incurred by the applicant.

McKENZIE PORTAGE ROAD TO FIRE RD # 11³⁵
FIRST DRIVEWAY ON LEFT (LOT 1)

DECLARATION

I, the undersigned FRANK PETERSON agree to comply with the provisions of the Building Code Act, Sewage System By-laws of the Northwestern Health Unit and all amendments thereto. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the By-laws above mentioned. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Designated Sewage System Inspector at the time of permit issuance.

Applicants are responsible to ensure that the information provided is true and accurate. I also understand that, once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the Permit was issued unless, written authorization is first received from the Designated Sewage System Inspector. The Northwestern Health Unit will not be held responsible for incorrect information herein by the applicant.

Frank Peterson
Owner's Signature

Agent's Signature

APRIL 11 2001
Date

Date

The Inspector will return all applications, which are incomplete or unsigned. This application does not constitute a permit. **NO WORK SHALL COMMENCE UNTIL A PERMIT HAS BEEN ISSUED.**

Is the home to be registered under the New Home Warranty Program yes () no ()

FOR OFFICE USE ONLY

[Signature]
Inspected and recommended by

[Signature]
Issued by

APR 30 / 03
Date