

DEC 31 1993



Province of British Columbia

Ministry of Health and  
Ministry Responsible for Seniors  
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 ATTACHED AND/OR ATTACHED HERETO

173 Head St. SALT SPRING

PLEASE PRINT OR TYPE:

LEGAL DESCRIPTION AND BYWH BY ADDRESS  
 Lot 20 Block 1 Section 12 Range 3  
 East Plan 40, 173 Head

POSTAL CODE: [REDACTED] MUNICIPALITY: [REDACTED]

TYPE OF MEMBERS SERVED:  SINGLE FAMILY DWELLING  DUPLEX  OTHER SPECIFY \_\_\_\_\_

ESTIMATED TOTAL DAILY SEWAGE FLOW (SEE TABLE APPENDIX 1) OR CALCULATIONS FOR MINIMUM FLOW: 250

DEPTH OF SOIL TO HARDEN BEDROCK OR HIGHEST WATER TABLE: OVER 9'

TYPE OF SEPTIC TANK:  CONVENTIONAL SYSTEM  ALTERNATE (DESCRIBE) \_\_\_\_\_

DIMENSIONS OF LOT: 60 X 180 LOT AREA: .25 ac.

SEPTIC TANK (MAKE & REFERENCE): \_\_\_\_\_ MATERIAL: \_\_\_\_\_ LIQUID CAPACITY: 50 gal.

TOTAL LENGTH OF DISPOSAL PIPE: 160' TYPE OF PIPE: \_\_\_\_\_ INCH DIAMETER OF PIPE: \_\_\_\_\_

DISTANCE FROM SOURCES OF DOMESTIC WATER: 115' FROM OWN 130' FROM NEIGHBOUR'S \_\_\_\_\_ FROM STREAM OR LAKE \_\_\_\_\_

IF A PACKAGE TREATMENT PLANT IS PROPOSED: MAKE AND MODEL: \_\_\_\_\_

NA HEALTH PROTECTION & ENVIRONMENTAL DEPT. DATE PAID

JAN - 4 1994

13605 400

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 MUST BE NOTIFIED WHEN THE INSTALLATION IS READY FOR USE AND BEFORE COVERING.

Dec 30/93 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: Conventional system. 1' soil fill required. Install at least 200' of drain fld.

Jan 4/94

[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 ISSUING A PERMIT 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:

Maintain access to both tanks.

RECEIVED BY: [Signature] DATE: Jan 1/94

OFFICIAL: [Signature]

A PLOT PLAN SHOWING LOCATIONS OF BUILDINGS, SEPTIC TANKS, DISPOSAL FIELDS (FOURS) AND YOUR NEIGHBOURS. ALL DRINKING WATER SOURCES, WATER LINES, PERCOLATION HOLES AND 18" ULTS. 4 FOOT TEST HOLES AND SURFACE WATERS MUST BE PROVIDED WITH THIS APPLICATION



see attached map.

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.

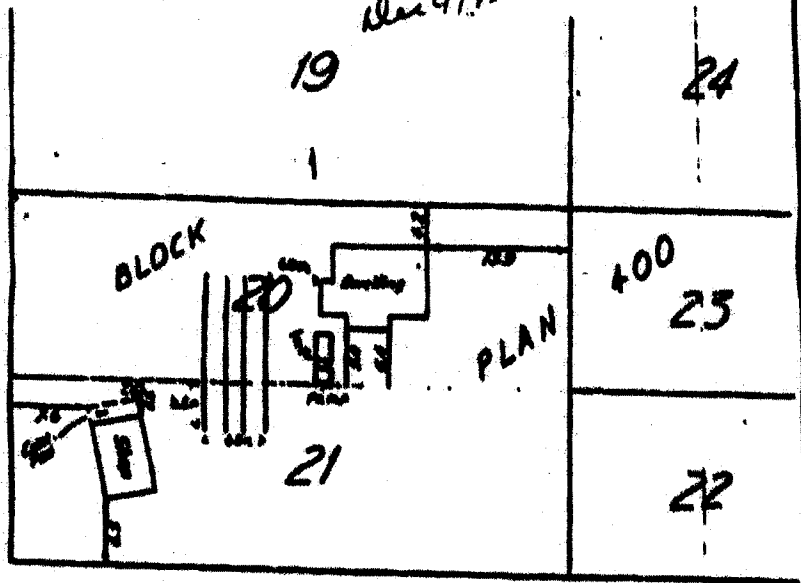
DC Land Surveyor's Certificate of location on lot 20 or 21, Block 1, Section 12, Range 3 East, North Salt Spring Island, Cookman District, Plan 400.

Scale - 1:500 All distances are in meters.  
All dimensions are derived from registered plans and are not verified by this survey.  
This plan has been prepared for the purpose of determining conformance with setback requirements, and it is not to be used for the re-establishment of property boundaries.  
Only those structures under construction are shown on this plan.



HEAD STREET

FORT STREET



I hereby certify that the sketch above represents the location of the structures on the above described property with reference to the boundaries thereof as the same exist on the 12th day of \_\_\_\_\_, 1995.

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## Report 1 - Detailed Well Record

Well Tag Number: 69691	Construction Date: 1994-05-05 00:00:00.0
Owner: CANNON ROB	Driller: Tri-K Drilling
Address: 173 HEAD ST	Well Identification Plate Number:
Area:	Plate Attached By:
WELL LOCATION:	Where Plate Attached:
Land District	PRODUCTION DATA AT TIME OF DRILLING:
District Lot: Plan: Lot:	Well Yield: 4 (Driller's Estimate) Gal
Township: Section: Range:	Development Method:
Indian Reserve: Meridian: Block:	Pump Test Info Flag: N
Quarter:	Artesian Flow:
Island: SALTSRING	Artesian Pressure (ft):
BCGS Number (NAD 83): 092B083344 Well: 85	Static Level:
Class of Well:	WATER QUALITY:
Subclass of Well:	Character:
Orientation of Well:	Colour:
Status of Well: New	Odour:
Well Use: Private Domestic	Well Disinfected: N
Observation Well Number:	EMS ID:
Observation Well Status:	Water Chemistry Info Flag: N
Construction Method: Drilled	Field Chemistry Info Flag:
Diameter: 0.0 inches	Site Info (SEAM):
	Water Utility:

<p>Casing drive shoe:</p> <p>Well Depth: 150 feet</p> <p>Elevation: 0 feet (ASL)</p> <p>Final Casing Stick Up: inches</p> <p>Well Cap Type:</p> <p>Bedrock Depth: feet</p> <p>Lithology Info Flag: N</p> <p>File Info Flag: N</p> <p>Sieve Info Flag: N</p> <p>Screen Info Flag: N</p> <p>Site Info Details:</p> <p>Other Info Flag:</p> <p>Other Info Details:</p>	<p>Water Supply System Name:</p> <p>Water Supply System Well Name:</p> <p>SURFACE SEAL:</p> <p>Flag: N</p> <p>Material:</p> <p>Method:</p> <p>Depth (ft):</p> <p>Thickness (in):</p> <p>WELL CLOSURE INFORMATION:</p> <p>Reason For Closure:</p> <p>Method of Closure:</p> <p>Closure Sealant Material:</p> <p>Closure Backfill Material:</p> <p>Details of Closure:</p>
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Screen from	to feet	Type	Slot Size
Casing from	to feet	Diameter	Material

GENERAL REMARKS:  
STEEL CASING,

LITHOLOGY INFORMATION:

From	0 to	0 Ft.	DRILLED 150' WITH 43' OF CASING INSTALLE
From	127 to	150 Ft.	SANDSTONE WITH SHALE LAYERS WATER @ 4GPM
From	35 to	127 Ft.	SHALE BLACK SOFT
From	0 to	35 Ft.	OVERBURDEN - ROCKS SAND & GRAVEL

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