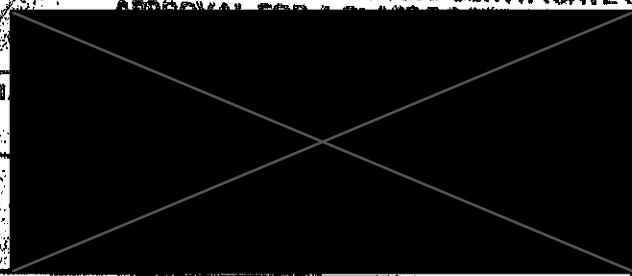


OS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT
APPLICATION FORM AND CERTIFICATE OF
APPROVAL FOR SEWAGE SYSTEMS

Application No. P142-82
 Fee Receipt No. 1520
 Date Received August 23/82



2. Installer's Name _____ Tel. No. _____
 Address _____
 (No., Street, City, Town, etc.) _____

3. Propose to Install a Class 4 sewage system to serve Single Family
 (Construct/Install/Alter/Extend/Enlarge) (Facility: e.g. Single Family Dwelling, Motel, etc.)

4. Location - Region, County, District: Leeds North County Ward, Township, Town: _____ Lot No. 2 Cont. No. 3 Sub Lot No. _____ Plan No. _____ Area of Lot (sq. ft.) 10 x 25

5. State No. of	Bedrooms or Motel Units	People	Flush Toilets	Urinals	Washbasins	Showers and Bathtubs	6. Water Supply
	<u>3 Bd.</u>	<u>4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dug or Bored Well <input type="checkbox"/> Drilled Well <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Other _____ Proposed <input type="checkbox"/> or Existing <input checked="" type="checkbox"/>

7. Attach completed sketch on Page 2 - List other attachments:

8. Relationship to Servance, if applicable:
 Lot Approval Pending
 Lot Approved Under Servance Application No. _____

9. Directions to Lot: - Highway No., Secondary Roads, Signs to Follow, etc.
Farm rd. O.S. M. Kelly - just past
number 1st road past shop on
past 2 gates 1st vacant lot

10. I certify that the above information is complete and correct and that, if approved, the work will conform with Provincial requirements for sewage systems and local Municipal By-Laws. (Attach fee for Class 4, 5 or 6 systems)

Name of Agent _____ Tel. No. _____ Signature of Owner or Agent: Doug James Powell
 Address _____ Date: Aug 23/82
 (No., Street, City, Town, etc.) _____

11. INSPECTOR'S REPORT		Inspection Time and Date	Sub-Surface Conditions Encountered																					
Weather	Recognizing Owner	<u>30 Aug 82</u>	<table border="1"> <thead> <tr> <th>Rock & G.R.T.</th> <th>Elevation</th> <th>Soil Type</th> </tr> </thead> <tbody> <tr><td></td><td>0</td><td></td></tr> <tr><td></td><td>1</td><td></td></tr> <tr><td></td><td>2</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> <tr><td></td><td>4</td><td></td></tr> <tr><td></td><td>5</td><td></td></tr> </tbody> </table>	Rock & G.R.T.	Elevation	Soil Type		0			1			2			3			4			5	
Rock & G.R.T.	Elevation	Soil Type																						
	0																							
	1																							
	2																							
	3																							
	4																							
	5																							
	Leaching Bed Design Criteria																							
	Depth to Rock	Design H.W.T.																						
 Ft. Ft.																						
REQUIREMENTS	Linear Feet of Distribution Pipe	Working Capacity of Septic/Holding Tank (Imp. Gallons)																						
	<u>(75m)</u> <u>250</u>	<u>(3600L)</u> <u>800</u>																						

Conditions of Approval and Reasons (e.g. fill, grading, drainage improvements, design sewage lines)

OR
 Reasons where Proposal not Acceptable (see additional pages if required)

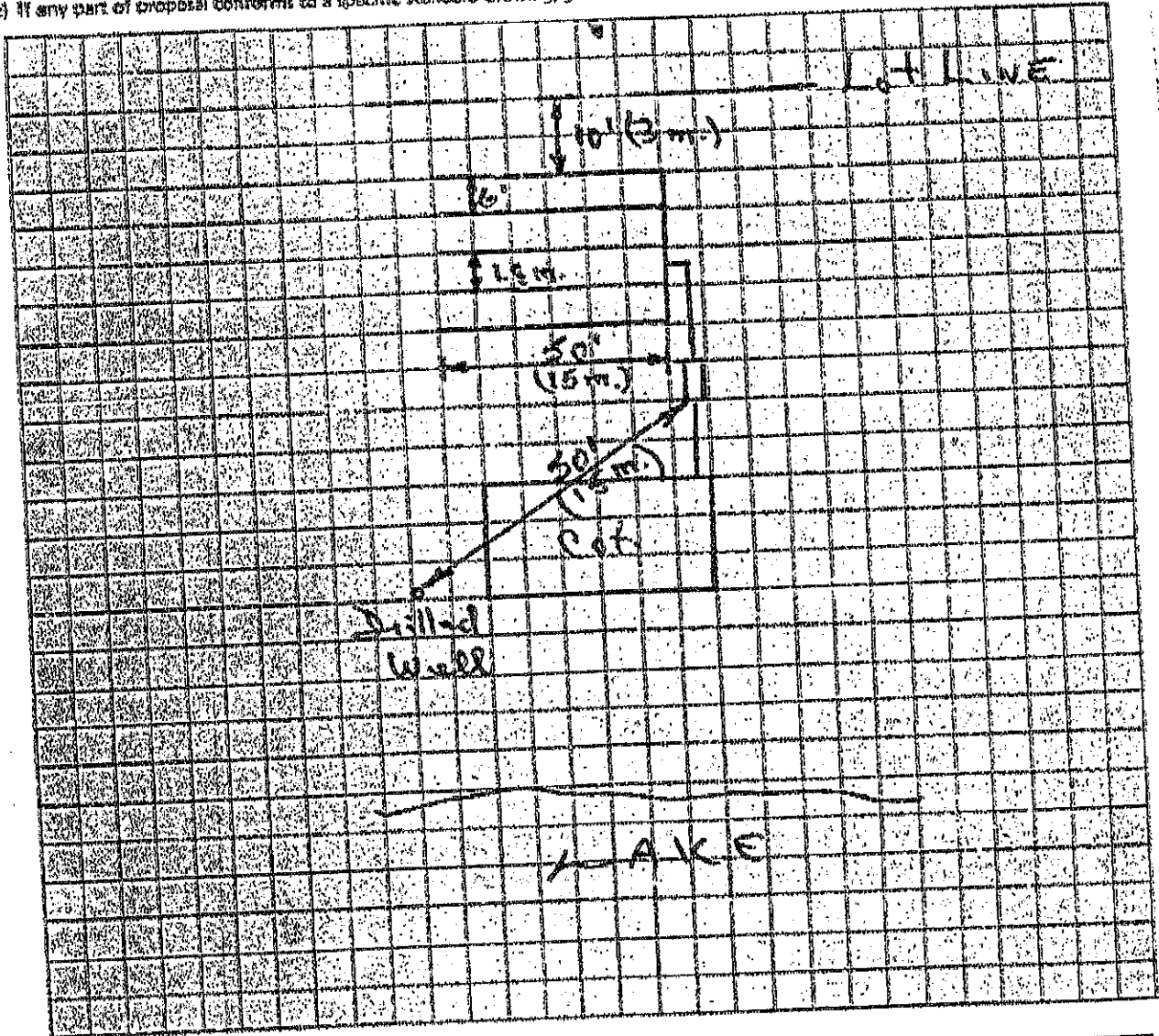
A min. of 3 ft. of soil depth is required below the weeping tile trenches.
Exact soil depth to be determined prior to installation.
Estimated percolation rate approx 15 min/cm.

#1024

20

APPLICATION NO.
P-142-82

- LOT DIAGRAM AND SEWAGE SYSTEM PLAN:** - Draw to scale indicating north point and showing:
- a) Location of sewage system components (e.g. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
 - b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.
 - c) If any part of proposal conforms to a specific standard drawing, give reference number(s).



13. A Certificate of Approval for this application is refused for the reasons given in Section 11 Page 1

INSPECTED AND RECOMMENDED BY	REFUSED	DATE
CERTIFICATE OF APPROVAL		
Application approved and this Certificate of Approval under Section 57 of The Environmental Protection Act, 1971 is hereby issued for the proposal outlined on Pages 1 and 2 of the application and its attachments as amended by the requirements and conditions of Section 11 provided that the sewage system shall be completed and a Use Permit issued within 12 months of the issue hereof or such extended period as the Director on application allows. DO NOT OPERATE THE SYSTEM UNTIL A USE PERMIT IS ISSUED.		
INSPECTED AND RECOMMENDED BY <i>M. Raymond</i>	ISSUED <i>[Signature]</i> DIRECTOR	DATE 9 Sept. 82

Under Section 78 of The Environmental Protection Act, 1971, an applicant may appeal a decision by writing to the Director and to the Environmental Appeal Board, 1 St. Clair Avenue West, Toronto, Ont., M4V 1K7 within 15 days of receipt of the decision.

2730258 ONTARIO LTD.
Operating As BRYAN'S SEPTIC SERVICE

HST #75775070
 Bryan Colford

Septic Tank Pumping & Liquid Waste Disposal
 P.O. Box 37, Westport, Ontario K0G 1X0
 (613) 273-3078 Mobile (613) 264-3356
 e-Transfer payment with invoice # to:
 btcollford@hotmail.com

CUSTOMER ORDER NO.	TELEPHONE	DATE Nov 14/22
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NAME Kowalski

ADDRESS 162 McNally's Ln.

CASH	CHARGE	CHEQUE	DEBIT CARD	C.O.D.	ON ACCT.	DISC. AMT.	PAID OUT
		<input checked="" type="checkbox"/>					11:20
							265.49
SPECIAL INSTRUCTIONS Paid Broche						SUBTOTAL	
						HST / GST	34.51
						PST	
						TOTAL	300.00

e-Transfer
 Net 30 days. 2% per month on overdue accounts.
 All claims and returned goods MUST be accompanied by this bill.

SOLD BY

RECEIVED BY

40974

Product 609

THANK YOU