

KINGSTON, FRONTENAC AND LENNOX & ADDINGTON HEALTH UNIT

221 PORTSMOUTH AVENUE, KINGSTON, ONTARIO • CLOYNE, ONTARIO
 MEMORIAL BUILDING, DUNDAS ST.W., NAPANEE, ONTARIO • SHARBOT LAKE, ONTARIO

APPLICATION NO.	H.U.G.
05-15-99	E 17/01/99
	U

FINAL INSPECTION FOR CLASS 4, 5 SEWAGE SYSTEM

INSPECTION DETAILS

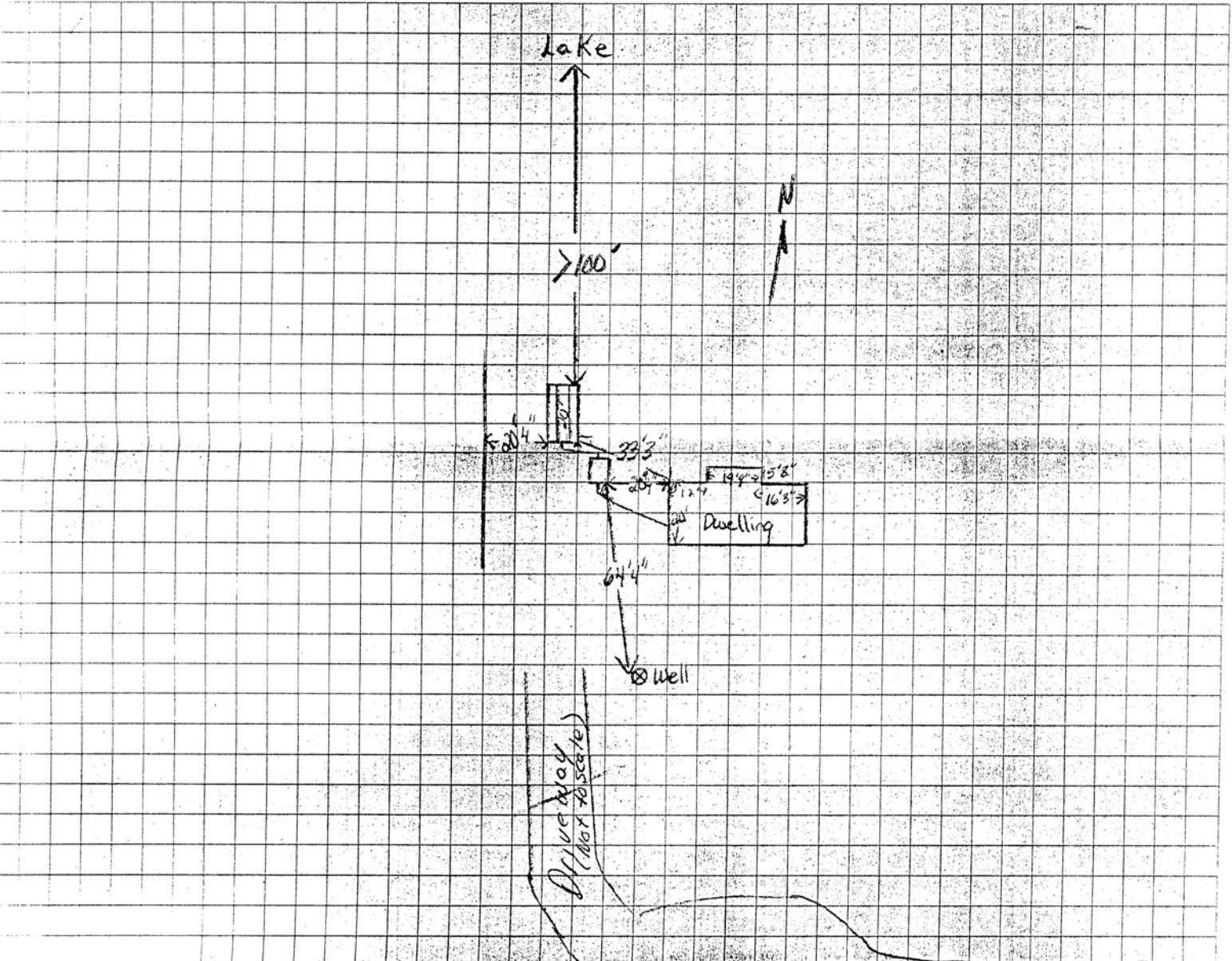
TIME 8:30 A.M. DATE Oct. 4, 1999 OWNER  INSTALLER Gray Bros. Const. Ltd

1. Work has been satisfactorily completed and includes:

- a) Septic tank/holding tank of working capacity of (800 Gal.) 3600 Litres constructed of steel concrete fiberglass plastic on site or prefabricated to serve 3 (no. of bedrooms or units).
 MAKE AND MODEL IF PREFABRICATED TANK Anchor
- b) Leaching/Filter Bed of total 243 metres of 3 inch diameter distribution pipe of Royal (type and product description) laid in 4 runs and fed by Gravity (gravity, siphon, pump). If Filter Bed, Loading area (12' x 24') 26.7 M² Contact Area _____ M²
- c) Secondary or Tertiary Treatment: (Manufacturer) _____ (Model) _____
- d) Other details _____

2. Location

- a) System components installed as shown on application to install a Class 4,5 Sewage System
- b) If located other than in (a) use space below for sketch and dimensions from permanent points of reference sufficient to facilitate future location of tank and leaching bed including orientation of pipe runs.



STORRING SEPTIC SERVICE LIMITED

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H.S.T. # 84875 6078 RT0001

INVOICE No. **45026**

Date Oct. 17 2023

Customer Tracey Beaman

Address 2012 Sibley Rd Sharbat Lk.

Phone _____

	AMOUNT		
Holding Tank			
Septic System <input checked="" type="checkbox"/>	800g	315	00
Labour <input type="checkbox"/> Cleaned Filter			
Notes <u>cleared roots intruding</u> <u>at top of tanks</u>			

NEXT PUMP 2026

Clean Filter Regularly

SUB-TOTAL 315 00

H.S.T. Incl.

TOTAL 315 00

*Thank You for using
Our Services!*

ELECTRONIC FUNDS TRANSFER VISA M.C. CASH CHEQUE

2% INTEREST AFTER 30 DAYS

Location: 2012 St. Hwy - Rose Date: 10/10/13 Time: _____
 Assessment Ref #: _____ Permit #: _____ Age of System: _____
 Property Owner: Mrs. [unclear] Insp #: 1318018 Lake: Shubel
 Mailing Address: 2012 St. Hwy - Rose Cottage House Farm Business
 City: Rose Postal Code: 6711 2G1 Questionnaire Returned: yes no
 System ID: _____ Owner Present: yes no

Estimated Design Flow: _____ Floor Area: _____ # of Bedrooms: _____ Est. Design Flow: _____ L/day

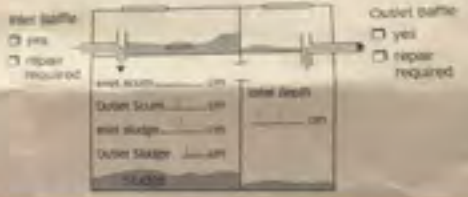
Water Source: Dug Well Drilled well Lake Imported Unknown
 Pipe from Wastewater Source: No concern exposed repair required

System Class: Class 1 (Privy/Composting Toilet) Class 2 (GW P/U) Class 3 Class 4 Class 5

Class 1
 Composting toilet: yes no Tank size: c. _____ m x w _____ m x d _____ m - approx. MP (_____) U
 Overflow: yes no Pump Chamber: yes no Tank lid opened: yes no
 Structure: good repair required High Level Alarm: yes no not yes no
 Venting: good repair required Effluent Filter: yes recommended no yes no
 Drainage: good repair required

Class 2
 Permit Available: yes no
 Greywater to surface: yes no
 Approximate size: _____
 Approximate depth of soil: _____
 Construction: _____

Class 5
 Pumping agreement: yes required
 High Level Alarm: yes required



Treatment Unit: Manufacturer: _____ Model: _____ Maintenance Agreement: yes no

Distribution System	Clearance Distances	
<input type="checkbox"/> Trench <input type="checkbox"/> Filter Media	Tank to water: <u>4.9</u> m	Pipe to water: <u>4.1</u> m
<input type="checkbox"/> Area Bed <input type="checkbox"/> Unknown	Tank to well: <u>1.7</u> m	Pipe to well: <u>2.0</u> m
Side slopes stable: <input type="checkbox"/> yes <input type="checkbox"/> no	Tank to house: <u>1.5</u> m	Pipe to house: <u>2.2</u> m
Erosion concerns: <input type="checkbox"/> yes <input type="checkbox"/> no	Tank to line: <u>2.2</u> m	Pipe to line: <u>2.2</u> m
Soft spongy ground: <input type="checkbox"/> yes <input type="checkbox"/> no	Privy to water: _____ m	G.W. to water: _____ m
Effluent at surface: <input type="checkbox"/> yes <input type="checkbox"/> no	Privy to line: _____ m	G.W. to line: _____ m
Amount of cover: <u>50</u> cm	Privy to well: _____ m	G.W. to well: _____ m
	to _____ m	to _____ m

GPS - No Signal L.L.K. 100 2742 | E: 950 6317
 Tank N: 49 3847 | E: 950 6320 | G.W. N: _____ | E: _____
 Bed N: 04 1105 | E: 950 712 | Bed N: 58 0200 | E: 950 719

System Status: <input type="checkbox"/> NO CONCERNS <input type="checkbox"/> REMEDIAL WORK REQUIRED <input type="checkbox"/> SYSTEM REPLACEMENT REQUIRED <input type="checkbox"/> MORE INFORMATION REQUIRED	Remedial Work Required: <input type="checkbox"/> PUMP OUT REQUIRED <input type="checkbox"/> MONITOR CORROSION IN TANK <input type="checkbox"/> RE-INSPECTION REQUIRED	Re-inspection Required by: <input type="checkbox"/> SITE VISIT #2 <input type="checkbox"/> SITE VISIT #3 <input type="checkbox"/> ORDER TO COMPLY <input type="checkbox"/> WORK COMPLETED
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Comments: 1) Remove cover from back of tank pump out
2) Clean out ~~the~~ inlet pipe vegetation on bed 1-2 per

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4
8