



KFLA 50-

Amount of Fee Pd: \$ 50.00 Cheque # 6327
 Receipt No.: 22958 - Gen Date: Spt 10/09

FILE NO: 06724

APPLICATION FOR A SEWAGE SYSTEM MAINTENANCE INSPECTION

To Be Completed By Applicant

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Property Information			
Building number, street name <u>810 PIKE BAY LANE</u>			
Municipality <u>Leeds and the Thousand Islands</u>			Ward <u>2</u>
Roll # <u>81281601006601</u>			
Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner			
[Redacted]		Corporation or Partnership	
[Redacted]	Fax Number ()	Mailing Address	
E-mail Address	Cell Number ()	City/Town	Postal Code
Property Owner (if different from applicant)			
Name <u>COSGRIFF THOMAS WESLEY</u>		Corporation or partnership	
[Redacted]	Fax Number ()	[Redacted]	
E-mail Address	Cell Number ()	[Redacted]	[Redacted]
Purpose of Application			
<input checked="" type="checkbox"/> Sewage System Re-inspection			
Current use of building			
Type of Sewage System			
A) Privy: <input type="checkbox"/> Earth Pit <input type="checkbox"/> Vault <input type="checkbox"/> Pail <input type="checkbox"/> Other _____ B) Grey Water (Leaching) Pit <input type="checkbox"/> C) Septic Tank System <input type="checkbox"/> D) Holding Tank <input type="checkbox"/> E) Other <input type="checkbox"/> Sewage System Permit Number (if known) _____			
Declaration of Applicant			
I _____ (print name)			certify that:
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. I have authority to bind the corporation or partnership (if applicable)			
<u>7/23/09</u> Date		<u>[Signature]</u> Signature of applicant	



CLASS 4 Sewage System MAINTENANCE INSPECTION FORM

Property Address: 810 PIKE BAY LANE. FILE NO: 06724 Date: AUG 13/09. Property Owner: THOMAS COSGRIFF Mailing Address: [REDACTED]

Inspection Completed by: Name: GERALD HOGAN Contact: Gerry Address: 5199 HOGAN POINT LANE, SEELEYS BAY ONT K0H 2N0 Phone: 613 387 2383 Fax: 613 387 2920 Cell: 613 561-7648 BCIN# 11654

Water Source: [] Dug Well [X] Drilled Well [] Lake [] Imported [] Other [] Septic Tank: [X] Concrete [] Metal [] Plastic [] Fiberglass Inlet Baffle: [X] Yes [] No [] Repair Required Tank Pump Out Required: [X] Yes [] No Effluent Filter: [] Yes [X] No [] Repair Required Condition of Tank: [X] Satisfactory [] Unsatisfactory Tank/Filter Access < 0.30 m below grade: [] Yes [X] No [] Repair Required Pump Chamber: [] Yes [X] No [] Repair Required [] Concrete [] Metal [] Plastic [] Other High Level Alarm: [] Yes [] No Treatment Unit Manufacturer: Model _____ Maintenance Agreement: [] Yes [] No

Distribution System: [] Conventional Leaching Bed [] Filter Media [] Area Bed [X] Unknown Side Slopes Stable [X] Yes [] No Effluent at Surface [] Yes [X] No Soft Spongy Ground [] Yes [X] No Erosion Concerns [] Yes [] No Amount of Cover 30 cm Clearance Distances: Tank to Water 24 m Pipe to Water 30 m Tank to Well 21 m Pipe to Well 30 m Tank to House 9 m Pipe to House 10 m Tank to Property Line 12 m Pipe to Property Line 6 m

REQUIREMENTS: [X] NO CONCERNS [] FULL SYSTEM REPLACEMENT [] PARTIAL SYSTEM REPLACEMENT [] OTHER REMEDIAL WORK

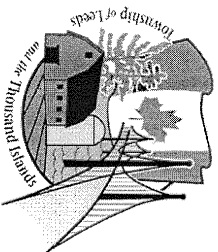
Comments: Tank & Bed AREA in good condition Brought up to code: we installed 2 risers & effluent filter

Inspected by: [Signature] Date: AUG 13/09 Reviewed by: [Signature] Date: Oct. 2/09

Forward with Owner's Application and \$60 Certificate Fee to: The Corporation of the Leeds, Grenville and Lanark District Health Unit 468 Laurier Blvd, Brockville ON K6V 6Z8 613-345-5685 or The Corporation of the Leeds, Grenville and Lanark District Health Unit 52 Abbott St. Unit 2, Smiths Falls ON K7A 1W3 613-283-2740



**FOR YOU,
YOUR FAMILY
& YOUR LAKES' HEALTH**



SEWAGE SYSTEM

RE-INSPECTION CERTIFICATE


This is to certify that
the sewage system located at:


810 Pike Bay Lane

was re-inspected on

August 13, 2009

At the time of inspection, this sewage system was being operated and maintained in accordance with the Ontario Building Code.


Manager of Health Protection


Chief Building Official

