

KINGSTON, FRONTENAC AND LENNOX AND ADDINGTON HEALTH UNIT

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

APPLICATION NO.

B-4275

USE PERMIT FOR CLASS 4, 5, 6 SEWAGE SYSTEMS

INSPECTION DETAILS	TIME 2:25	DATE July 8 1976	WEATHER Raining
REPRESENTING:	THE OWNER		THE INSTALLER

1. Work authorized by the Certificate of Approval has been satisfactorily completed and includes:

- a) Septic tank/holding tank of working capacity of 600 Imp. Gals. constructed of steel ☐ concrete ☒ fibreglass ☐
on site ☐ or prefabricated ☒ to serve 3 (no. of bedrooms or units).

MAKE AND MODEL,

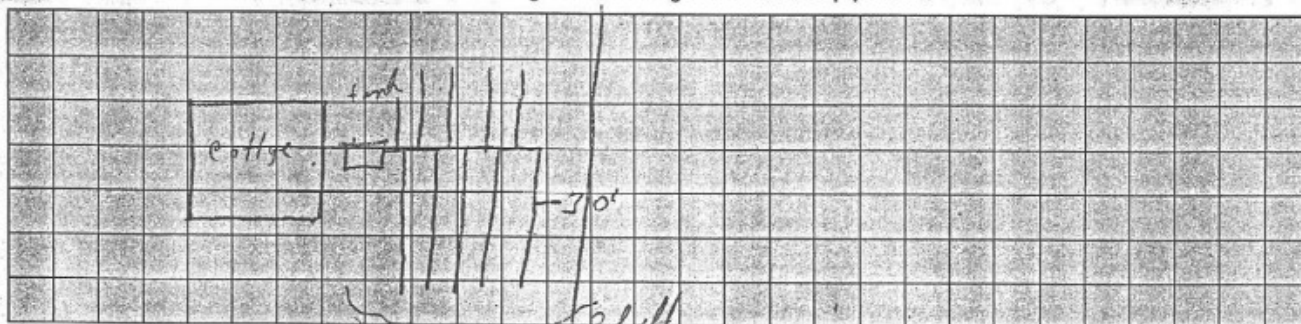
IF PREFABRICATED TANK

Planes Pre Cast Low.

- b) Leaching bed of total 240 lineal feet of 3 inch diameter distribution pipe of PVC (type and product description e.g. Canon CSA Approved PVC) laid in 5 runs and fed by gravity (gravity, siphon, pump). (5-30
4-20)
- c) Proprietary Aerobic System: (Manufacturer) _____ (Model) _____
- d) Other details _____

2. Location

- a) System components installed as shown on application supporting Certificate of Approval ☐
- 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.



3. 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: check grade on leaching pipe

Any Use Permit issued hereunder may be revoked if this work is not completed promptly to Provincial standards. 1-1-76

USE PERMIT

Under Section 59a of The Environmental Protection Act, 1971 and subject to the provisions of The Act and Regulations a Permit is hereby issued to (Owner) _____ for the use and operation of the Class 4 sewage system constructed/installed/enlarged/extended/alterd pursuant to the Certificate of Approval issued under the above application number in accordance with the application and Certificate of Approval with any changes indicated above and located on Lot 1 & 2 Concession 13 Ward/Township/Municipality Bedford Region/District/County Frontenac Plan No. R162 Sub-Lot No. 9

INSPECTED AND RECOMMENDED BY

Doug Steele

PERMIT ISSUED BY

D. T. S. for F. Hatchings DIRECTOR

DATE ISSUED

July 8 1976

Note: Section 57(a) of The Act provides that no change can be made to any building(s) or structure(s) in connection with which this sewage system is used, if the operation or effectiveness of the sewage system will or is likely to be affected by the change, unless a new Certificate of Approval is obtained.

Section 78 of The Act provides that an applicant may appeal the imposition of terms and conditions by a Director on issuing a permit. Written notice of appeal must be forwarded to the Director and to the Environmental Appeal Board, 365 Bay Street, Suite 900, Toronto, Ont., M5H 2V3 within 15 days of receipt of the permit.

Expiry Date: Dec. 31/76

S-75

Kingston, Frontenac and Lennox and Addington Health Unit

File No. B-42-75

Date June 3/75

SITE INSPECTION REPORT FOR CERTIFICATE OF APPROVAL
APPLICATION FILE NO. B-42-75 DATED June 4/75

Distribution

Copy 1 — Owner
Copy 2 — Office
Copy 3 — Contractor

Owner's Name [REDACTED] Lot No. 142 Con. 13 Township/Ward Red Br.

1. Persons at inspection: Name(s) [REDACTED]
Attending in capacity of [REDACTED]
2. Time of Inspection 11 am Weather Conditions Sunny, cloudy & rain

3. Assessment of Proposal

a) Change(s) to proposal required (yes) or (no) due to: (Record details of change in Item 4)

- i) Surface Drainage 0.5
- ii) Slope of Ground 2.7%
- iii) Presence of Rock 3' approx.
- iv) Impervious Soil no
- v) High Water Table 6.0
- vi) Clearances (Horiz.) 0.5

b) Percolation Rate $t = \frac{10}{20}$ Mins: Measured ☐
Estimated ☒

SOIL CONDITIONS ENCOUNTERED

Level	Soil Type
0	
1	sandy with stones
2	
3	
4	
5	

Show Rock Elevation [REDACTED]
High Water Table — GWT ☒

4. Requirements of System

- a) Working Capacity (Imp. Gals.) of Septic Tank 600 or Holding Tank
- b) Length of Absorption Trench Required 240 240 feet.
- c) Changes Required — (For granular fill give area and depth)
Include sketch(s) if required to show change(s).

Fill and grade the leaching bed area to create a level area with 5' of earth from the bedrock to the finish grade. Install leaching trench as per our regulations.

5. Decision: The proposal is:

- a) Acceptable in accordance with the application. ☐
- b) Not acceptable ☐ Record reason in space above.
- c) Acceptable if required changes in Item 4 are carried out. ☐
- d) Not acceptable but owner may wish to consider a
— Proprietary Aerobic System ☐ — Holding Tank ☐

6. Class 4 Certificate of Approval issued
on June 17/75 (Date)

Dwight Steele
Inspector

APPLICATION FORM AND CERTIFICATE OF APPROVAL FOR A CLASS 2-6 SEWAGE SYSTEM

(PLEASE PRINT CLEARLY)

APPLICATION NO. B-42-75

FEE:

RECEIPT NO.

\$ 25.00 (ok: jw)

DATE RECEIVED

Jun 3/75

1. Name of Owner

Tel. No.

2. Installer's Name

Tel. No.

Address

310 OLYMPUS AVE

Address

CARPENTER

(NO., STREET,

CITY, TOWN, ETC.)

KINGSTON ONT

(NO., STREET,

CITY, TOWN, ETC.)

STERLING ONT

3. Propose to

Construct a Class 2

sewage system to serve

SINGLE

(CONSTRUCT/INSTALL/ALTER
EXTEND/ENLARGE)

(TYPE OF BUILDING(S): E.G. SINGLE
FAMILY DWELLING, RESTAURANT,
MOTEL, TRAILER PARK

4. Location-REGION, COUNTY, DISTRICT

WARD, TOWNSHIP, TOWN

LOT NO.

CONC. NO.

SUB LOT NO.

PLAN NO.

AREA OF LOT
(SQ. FT.)

Buck-Lake

BLUE WATER

BEDFORD-TWSP

142

13

PART 9

R162

23,000

5. State
Number
of

BEDROOMS OR
MOTEL UNITS

PEOPLE

FLUSH
TOILETS

URINALS

WASHBASINS

SHOWERS AND
BATH TUBS

6. Water Supply

LAUNDRY
TUBS

KITCHEN
SINKS

GARBAGE
GRINDERS

DISHWASHERS

AUTOMATIC
WASHERS

OTHER (STATE)

☐ DUG OR DURED WELL
☐ DRILLED WELL
☐ MUNICIPAL
OTHER 2

7. Attach completed sketch (MOE 14-248)-List other attachments:

TWO SKETCHES (PHOTO-COPIES) attached

8. Relationship to Severance
if applicable

☐ LOT APPROVAL PENDING

☒ LOT APPROVED UNDER

SEVERANCE

APPLICATION NO.

9. Directions to Lot: HIGHWAY NO., SECONDARY ROADS, SIGNS TO FOLLOW, ETC.

Take Westport Rd. north from Kingston (Divisional
Turn approximately 3 1/2 miles south of Westport Rd.
Blue Water Park Development sign - follow
Bewes & Cochrane Cottage signs - approximately 5 mi.

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

ADDRESS

(NO., STREET,

CITY, TOWN, ETC.)

DATE

May 30/75

1. INSPECTOR'S REPORT

INSPECTION TIME AND DATE

10 O'CLOCK

19

SOIL CONDITIONS ENCOUNTERED

WEATHER

REPRESENTING OWNER

LEACHING BED AREA
DEPTH (FEET)
TO ROCK

WATER
TABLE

WATER
TABLE
OR ROCK

ELEVATION

SOIL TYPE

REQUIREMENTS

WORKING CAPACITY OF
SEPTIC/HOLDING TANK

LENGTH DISTRIBUTION PIPE

IMP. GALS.

LINEAL FT.

0
1
2
3
4
5

Other Requirements and Comments (E.G. FILL, GRADING, DRAINAGE IMPROVEMENTS, DESIGN SEWAGE FLOWS)

12. Proposal Not Accepted Due to: