



Province of **NORTHASTON** **AN HEALTH UNIT** **APPLICATION FOR A PERMIT TO CONSTRUCT**
British Columbia 400 Health 6th St. N.E. - 832-1676 **A SEWAGE DISPOSAL SYSTEM**
SALMON SPRING, B.C. • V0E 2T0

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 CONTAINED HEREIN AND/OR ATTACHED HERETO.

PLEASE PRINT OR TYPE

APPLICANT'S FULL NAME JOHN FREDERICK BAILEY	OWNER'S NAME JOHN FREDERICK BAILEY
LEGAL DESCRIPTION LOT 4 PL 16480 SEC 8 TP 21 RUC 9	OWNER'S ADDRESS 54 FAIRVIEW DR.
POSTAL CODE 392-3265	POSTAL CODE 392-3265

TYPE OF PREMISES SERVED ☒ SINGLE FAMILY DWELLING ☐ DUPLEX ☐ OTHER SPECIFY: 34' TRAILER	NO. OF BDRM'S (2)	LOCATION OF PROPERTY 10.3 KM (6.4 MILES) SOUTHWEST - CANOE ROUTE AS.
ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS)	DIMENSIONS OF LOT FEET 186' 30" x 75' 5" x 91.9' + 97.3'	LOT AREA 6304' +
DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE 33'	SEPTIC TANK (NAME, IF PREFABRICATED) CAST-IRON CONCRETE	MATERIAL CONCRETE
TYPE OF ULTIMATE DISPOSAL ☐ CONVENTIONAL SYSTEM ☒ ALTERNATE (DESCRIBE) SEPTIC TANK PUMP OUT SEWER.	TOTAL LENGTH OF DISPOSAL PIPE	TYPE OF PIPE CONCRETE
DISTANCES FROM SOURCES OF DOMESTIC WATER 120' FROM OWN	140' FROM NEIGHBOUR'S	LIQUID CAPACITY 800 GAL.

IF A PACKAGE TREATMENT PLANT IS PROPOSED MAKE AND MODEL	TREATMENT CAPACITY
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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 OR HIS DELEGATE MUST BE NOTIFIED WHEN THE INSTALLATION IS READY FOR USE AND BEFORE COVERING.

DATE OF APPLICATION **APRIL 1, 1987** SIGNATURE OF OWNER OR AGENT **J.F. Bailey**

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

DATE OF ISSUANCE

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 HAVING JURISDICTION 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

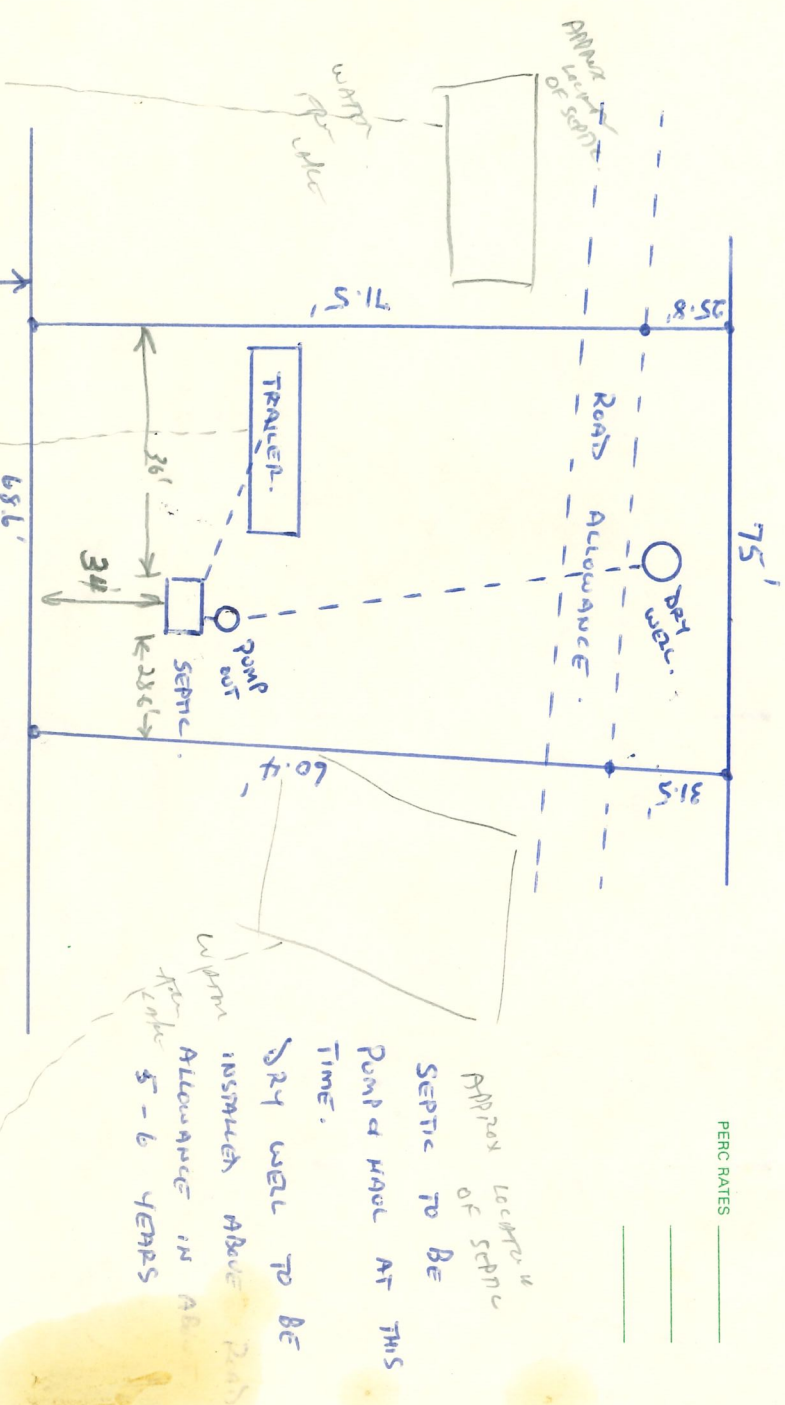
BACKFILLING AND USE AUTHORIZED ☐ YES ☐ NO	DATE OF FINAL INSPECTION
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MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR

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



PERC RATES



PUMPED MAN AT THIS TIME.
24 WELL TO BE INSTALLED ABOVE PUMP ALLOWANCE IN AREA 5-6 YEARS