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Requested Inspection Outcome Summary Report

K-VARS ELECTRIC

455 HICKORY BEACH RD

FENELON FALLS ON

K0M 1N0

Notice Date:	September 24, 2020
Customer ID:	75552

Telephone: (705)879-5811

Fax:

Email:

Notification	Inspection Type	Status	Site Address	Cust. Order #
16809561	Final Requested	PASSED	HOLLY JORDAN 149 CEDARPLANK RD KAWARTHA LAKES ON K0M 1N0	

N 6° 34' 55" E

Cedar hedge

Cedar hedge

100.00' (Plan & Set)

100.0' (Plan & meas.)

Reference Bearing

49

48

S.W. Angle Lot 49

N.W. Angle Lot 49

40.25'

40.23'

Inst.

Inst.

4.40'

Frame garage

4.36'

N 83° 25' 05" W
163.67' meas.

PLAN

No.

No.

No.

Board Fence (on line)

N 83° 25' 05" W

Lot Line

177'± meas.

(163.50' - Plan)

(172' - Plan)

IB(737) WIT

24.79'

Frame dwelling
Concrete block foundation

Ramp

Frame deck

39.0'

22.96'

197435

Lot Line

Fence on line

173'± meas.

(162.0' - Plan)

Chainlink Fence

269778

0.46'

Frame shed

0.47'

Fence 0.5'± North

Ramp

IB(737) WIT

N 5° 39' 30" E 100.01'

Concrete house
Concrete deck on top
Concrete boat

Frame dock

Frame dock

Existing water's edge

RIVER

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT
AN OTHER USE PERMIT WILL NOT
BE ISSUED UNTIL CONTRACTOR
APPLIES FOR LICENCE

S-89-75

S-89-25
FILE NUMBER

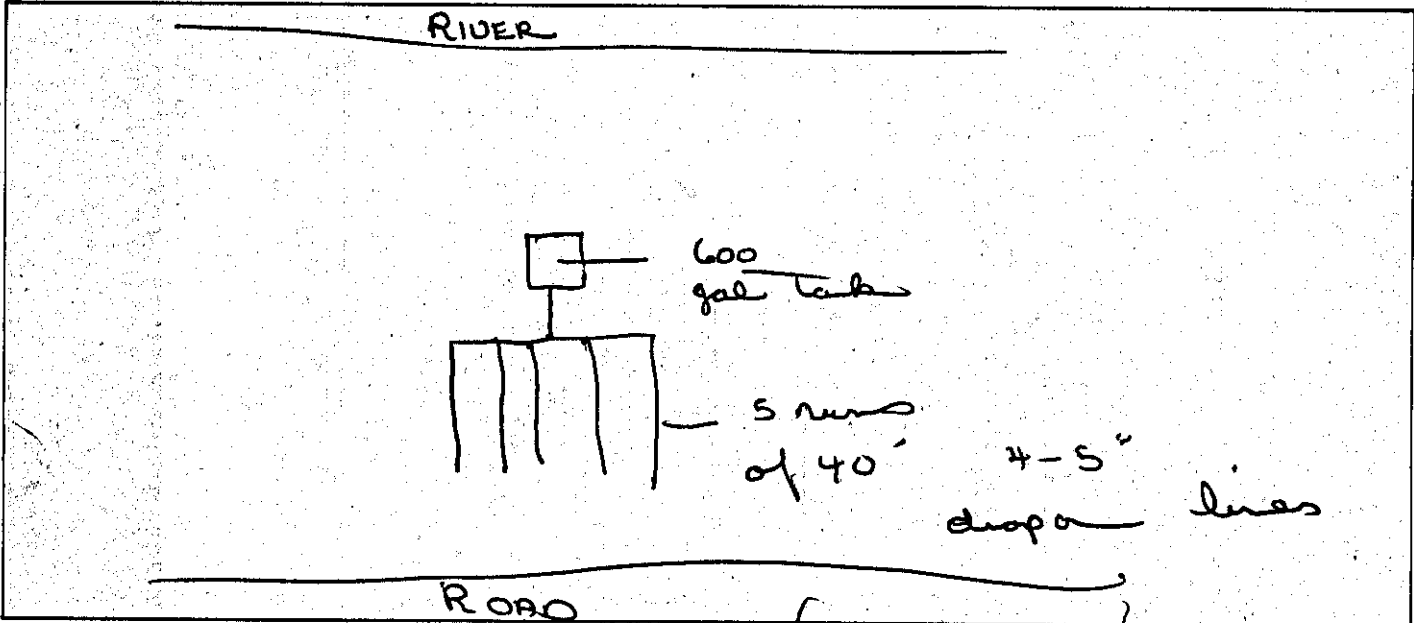
SEWAGE SYSTEM INSPECTION REPORT AND USE PERMIT

REPORT: JIM ISSACS DATE: July 30/76
INSTALLED BY: ~~CONTRACTOR~~

Work authorized by 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/fiberglass on site or prefabricated to serve 3 bedrooms
- B. Leaching Bed of total 200 lineal feet of PVC distribution pipe laid in 5 runs of 40 feet and fed by Gravity/Syphon/Pump. (P.V.C., Drain Tile, etc.)
- C. Other Details _____

Actual location and orientation of components of sewage system are as shown hereunder or as outlined on the Certificate of Approval form



The following work remains to be completed: Backfill system and complete ; Stabilize all sloped surfaces ; Finish grading to shed run-off and divert water away from leaching bed ; Other _____

USE PERMIT

Under section 59A of the Environmental Protection Act, 1971 and regulations and subject to the limitations thereof a permit is hereby granted to

JACK LEVASSEUR

for the use and operation of the Class 4 Sewage System Installed/Altered under Certificate of Approval # _____ Dated July 30/76

In accordance with the application and Certificate of Approval with any changes indicated above and located on lot 19 Conc. 1+2

Township/Municipality SOMERVILLE County VICTORIA Plan No. 471 Sub Lot No. 49

Inspected and Recommended by [Signature]

Dated this 30th Day of July 1976 Issued [Signature] (Director)

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



FUEL OIL DISTRIBUTOR INSPECTIONS APPLIANCES - COMPREHENSIVE

holly @ networked cape .com

Jesse + Holly
↓ JORDAN

OWNER/OPERATOR:

ACCT #:

12240

LOCATION:

149 Canal Plank

TEL. NO:

122420

F. Falls

OWNER'S ADDRESS (if different from above):

	1st APPLIANCE	2nd APPLIANCE
TYPE OF APPLIANCE	oil fired furnace air furnace	
MANUFACTURER	OLSON	
MODEL	MPL-120	
DATE OF MANUFACTURE OR AGE IN YEARS	1998	
SIZE (BTU/HR)	101,000	
SERIAL NO.	39184 m PL	
1. IS THE APPLIANCE APPROVED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. IS THE APPLIANCE INSTALLED IN ACCORDANCE WITH THE FUEL OIL CODE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. IS THE APPLIANCE BEING USED IN ACCORDANCE WITH ITS APPROVAL?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. IS THE APPLIANCE VENTING INSTALLED IN ACCORDANCE WITH THE FUEL OIL CODE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. IS THE VENTING SYSTEM FREE OF DEFECTS, DEBRIS OR CORROSION?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. IS THE VENT SIZED PROPERLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. IS PROPER COMBUSTION AND VENTILATION AIR OPENINGS INSTALLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. IS THE INSTALLATION FREE OF INDICATIONS OF HEAT EXCHANGER CRACKS, DEFECTS IN THE REFRACTORY, POT AND/OR HEAT SHIELDS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. ARE ALL LIMITS AND SAFETY CONTROLS PROPERLY INSTALLED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. IS THE APPLIANCE INSTALLED WITH APPROPRIATE CLEARANCES FROM COMBUSTIBLES. INVOICE REF. #	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. ARE THE RESULTS OF COMBUSTION ANALYSIS ACCEPTABLE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. IF REQUIRED, IS THERE A PROPER CHIMNEY CLEANOUT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
13. IS THE CHIMNEY PROPERLY LINED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. IS THE VENT LINER FITTED WITH PROPER FLASHING, CAP AND BASE T?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15. IF THERE IS A SIDEWALL VENT ATTACHED TO THE APPLIANCE, IS IT INSTALLED ACCORDING TO CODE AND THE MANUFACTURER'S INSTRUCTIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
NOTES: (ANY "NO" ANSWERS MUST BE EXPLAINED IN THIS SECTION AND THE AFFECTED EQUIPMENT REPAIRED, REPLACED OR TAGGED)		

COMMENTS: * PEO'S Smoke Pipe ALTERATION TO ACCESS RAW COMPARTMENT *

TECHNICIAN'S SIGNATURE: CERTIFICATE NO. 074064 DATE: Nov 1/2021



FUEL OIL DISTRIBUTOR INSPECTIONS ABOVEGROUND TANKS

OWNER/OPERATOR: Jesse Holly Jordan ACCT #: 122240

LOCATION: 149 Cedar Point TEL. NO: _____

OWNER'S ADDRESS (if different from above): F. Falls

Note: Inspection is limited to external observation of tanks and components in their operating position

	INSIDE	OUTSIDE
TYPE OF TANK i.e. ULC-S602		90
MANUFACTURER		Grady
DATE OF MANUFACTURE OR AGE IN YEARS		2018
SERIAL NO.		B-55340520
1. IS THE TANK APPROVED FOR IT'S PRESENT USE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. DOES THE TANK APPEAR TO HAVE BEEN INSTALLED IN ACCORDANCE WITH THE FUEL OIL CODE, THE CERTIFICATION DOCUMENT AND THE MANUFACTURER'S INSTRUCTIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. ARE THE TANK VENT AND FILL PIPES PROPERLY INSTALLED AND TERMINATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. IS THE TANK EQUIPPED WITH A PROPER FILL CAP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. IF REQUIRED, IS THE TANK PROTECTED FROM VEHICLE IMPACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
6. IS THE TANK EQUIPPED WITH A PROPER GAUGE AND OVERFILL PROTECTION DEVICE (WHISTLE)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. IS THE TANK PROPERLY SUPPORTED ON A FIRM BASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. IF TWO TANKS ARE JOINED, ARE THEY INSTALLED ON A COMMON SLAB?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
9. IF TWO TANKS ARE BOTTOM CONNECTED, ARE THEY CONNECTED WITH 2 IN. PIPE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
10. IS THE SYSTEM FREE OF LEAKS OR ANY SIGNS OF WEEPAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. IS THE TANK AND PIPING PAINTED OR COATED TO PREVENT EXTERNAL CORROSION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
12. ARE BURNER SUPPLY/RETURN LINES FREE OF COMPRESSION FITTINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
13. ARE BURNER SUPPLY/RETURN LINES INSTALLED ABOVE GRADE AND PROTECTED OR UNDERGROUND AND CHASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14. ARE BURNER SUPPLY/RETURN LINES INSTALLED TO CODE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15. IS THE TANK SUPPORT SYSTEM IN GOOD CONDITION, NON-COMBUSTIBLE & STABLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
16. IF REQUIRED, IS THE TANK (OVER 2500L) PROTECTED WITH APPROPRIATE SECONDARY CONTAINMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
17. IS AN APPROVED SHUT-OFF VALVE INSTALLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18. IS THE FILL/VENT PIPE STEEL OR GALVANIZED CONSTRUCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
19. IS AN APPROVED FILLER INSTALLED WITH A TEMPERATURE RATING ABOVE 538°C (1000°F)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. IS THE TANK LOCATED AT LEAST 2 FT. FROM THE APPLIANCE OR IS THE TANK PROTECTED FROM THE APPLIANCE BY A FIRE RATED WALL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NOTES: (ANY "NO" ANSWERS MUST BE EXPLAINED IN THIS SECTION AND THE AFFECTED EQUIPMENT REPAIRED, REPLACED OR TAGGED)

COMMENTS:

TECHNICIAN'S SIGNATURE: [Signature] CERTIFICATE NO. 0740646 DATE: NOV 1 / 2021