



## HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

## APPLICATION FOR A SEWAGE SYSTEM PERMIT

Ontario regulation 403 / 97

OFFICE USE ONLY

CA/22/98  
FILE NUMBER47871  
FILE RECEIPT NUMBER980908  
DATE RECEIVED

Personal information contained on this form is collected under the authority of the Building Code Act 1992, Part 8. It is used to facilitate the issuance of a Sewage System Permit as prescribed in section 77 of the Act. Questions about this collection should be addressed to the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V5 (905) 885-9100

1. NAME OF OWNER <b>FARZIN RAHJBAR</b>		2. INSTALLER'S NAME AND OBC LIC. NO.		Tel No	
<b>LORETTA VAN SLUYTMAN</b>		<b>SAME</b>			
Address <b>PART LOT 25, CONC 9, Part 7 Plan 480</b>		Address <b>307 LAKEVIEW BLVD</b>			
City, Town, etc) <b>TOWNSHIP OF CARDIFF (NORTH SIDE OF ROAD 5)</b>		City, Town, etc) <b>KESWICK, ON. L4P 2Y6</b>			
3. PROPOSE TO: <input checked="" type="checkbox"/> Install or Repair <input type="checkbox"/> Holding Tank <input type="checkbox"/> Leaching Bed System <input type="checkbox"/> Filter Bed <input type="checkbox"/> OR <input type="checkbox"/> Other (Privy, Greywater System) If other than a privy, specify the make and model number					
4. TYPE OF BUILDING <b>Regulated under Ontario New Home Warranties Plan Act</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>Single Family Dwelling, Apartment Building, Motel, etc.</b> Size of Building: _____ m <sup>2</sup>					
5. LOCATION - County <b>CARDIFF</b>		Township, Municipality		Roll No.	
		<b>PART LOT 25</b>		<b>9</b>	
		<b>480</b>		<b>7</b>	
6. No. of:		People <b>2</b>		Bedrooms <b>3</b>	
		Showers / Tubs <b>1</b>		Washbasins <b>2</b>	
		Laundry Units <b>1</b>		Water Softeners <b>1</b>	
		Toilets <b>2</b>		Kitchen Sinks <b>1</b>	
		Whirpool Bathtub <b>0</b>			
7. WATER SUPPLY Dug or Bored Well <input type="checkbox"/> Municipal System <input type="checkbox"/> Drilled Well (Depth of Steel Casing _____ Metres) <input type="checkbox"/> Other <b>LAKE</b> Proposed <input type="checkbox"/> or Existing <input type="checkbox"/>					
8. RELATIONSHIP TO SEVERANCE if applicable Lot Approval Pending <input type="checkbox"/> Lot Approved <input type="checkbox"/> Under Severance Application No. _____					
9. NAME OF APPLICANT (IF OTHER THAN OWNER) Address _____ (No., Street, City, Town, etc.)					
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.					
SIGNATURE OF OWNER (MUST BE PROVIDED) <b>X</b> <i>[Signature]</i>					
SIGNATURE OF APPLICANT <i>[Signature]</i>		TEL. NO. <b>905-476 7815</b>		DATE OF APPLICATION <b>Sept 8/98</b>	

## IMPORTANT INFORMATION!

- A. Please attach a cheque or money order for the required fee of \$340.00 payable to the Haliburton, Kawartha, Pine Ridge District Health Unit. A \$500.00 fee is applicable for large commercial systems (more than 4500 litres daily sewage flow but less than 10,000 litres). Other Fees: Class 2 \$125.00 Class 3 \$125.00 Repair Fee \$200.00 or \$340.00
- B. If the application is for a holding tank, a signed pump-out contract must be attached.
- C. To determine the type and depth of soil in the proposed disposal field, a TEST PIT must be excavated to a MINIMUM DEPTH of 1.5 metres (or at least to rock or water) prior to inspection. Please advise when test hole is ready. It is suggested that a protective cover be placed over the hole.
- D. Post the completed Lot Identification Card where it can be seen from the point of access to your lot.

NOTE: IS THE TEST HOLE READY? \_\_\_\_\_ The inspection of the property will not be made until you notify us that a Test Hole has been provided.

## THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED!

## OFFICES:

Northumberland County - 200 Rose Glen Rd., Port Hope, Ontario L1A 3V5  
- P.O. Box 449, Campbellford, Ontario K0L 1L0  
- P.O. Box 127, Brighton, Ontario K0K 1H0  
Haliburton County - P.O. Box 570, Haliburton, Ontario K0M 1S0  
Victoria County - 108 Angeline Street S., Lindsay, Ontario K9V 3L5

PHONE (905) 885-9100  
PHONE (705) 653-1550  
PHONE (613) 475-0933  
PHONE (705) 457-1391  
PHONE (705) 324-3569



Haliburton, Kawartha, Pine Ridge District

# Health Unit

## SEWAGE SYSTEM INSTALLATION REPORT

File Number CA/22/98

Installation by: GUY ROCCO

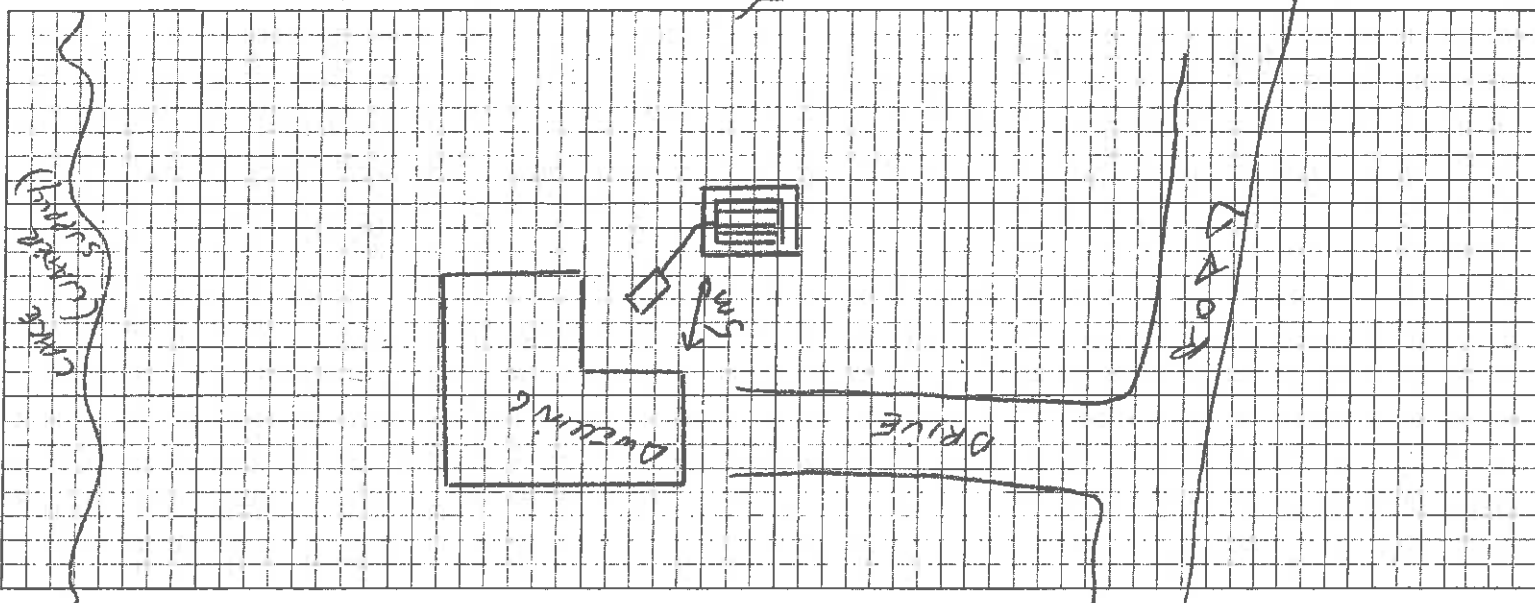
Date: 05-06-11

Work authorized by Site Inspection Report for a sewage system has been satisfactorily completed and includes:

1. Septic Tank Holding Tank of working capacity of 3600 litres constructed of steel/concrete/fibreglass Manufacturer: BCP
2. Distribution Pipe: Type PVC Absorption Trench System ☐  
Filter Bed System ☒ Filter Bed Area 22 sq.m. Contact Area 22 sq.m.  
Total 30 Linear Metres in 3 runs of 6 metres and fed by: Gravity ☒ Siphon ☐ or Pump ☐
3. Size of System based on 3 bedrooms and/or 20 fixture units. Commercial details:  
Area of Building: 250 m<sup>2</sup> Total Daily Design Sewage Flow: 1600 litres
4. Other \_\_\_\_\_

Actual location and orientation of components of sewage system are shown hereunder ☒

or as outlined of the Site Inspection Report For A Sewage System form ☐



The following work remains to be completed:

Backfill system and sod or seed ☒ Stabilize all sloped surfaces ☒ Finish grading to shed run-off and divert water around leaching bed ☒

Other: \_\_\_\_\_

### INSTALLATION REPORT

Under the Building Code Act and regulations and subject to the limitations thereof, a permit is hereby issued to: \_\_\_\_\_

F. RANJBAR / L VAN SLUYTMAN

For the use and operation of the Class 4 Sewage System Installed/Altered under Site Inspection Report # CA/22/98

Such system being located on Lot 25 Conc. 9 Plan \_\_\_\_\_ Sub. lot \_\_\_\_\_ Roll No. \_\_\_\_\_

Township/County/City CARLETON PLACE Emergency #911 1244 HUNSTON RD

Inspected and Recommended by [Signature]

(Appointed Inspector - Part 8)

Date 05-06-11 Issued [Signature]

(Designated Sewage Inspector - Part 8)

NOTE: No change can be made to any building(s) or structures in connection with which this sewage system is used, if the operation of effectiveness of the sewage system will be affected by the change, unless a Site Inspection Report is obtained.



Address of Well Location (Street Number/Name) <b>1242 HOUSTON ROAD</b>		Township <b>CARDIFF</b>	Lot <b>24</b>	Concession <b>9</b>
County/District/Municipality <b>HALIBURTON</b>		City/Town/Village <b>BANCROFT</b>	Province <b>Ontario</b>	Postal Code <b>K0L1C0</b>
UTM Coordinates	Zone	Easting	Northing	
NAD	8	3	17733433 4984017	

## Overburden and Bedrock Materials/Abandonment Sealing Record (see instructions on the back of this form)

General Colour	Most Common Material	Other Materials	General Description	Depth (m/ft)
From	To			From To
BLACK	MUCK	SANDY LOAM	SOFT	0 5
GREY	CLAY	STONES	HARDPAN	5 36
WHITE	DOLOMITE		BEDROCK	36 160

Annular Space			
Depth Set at (m/ft)	Type of Sealant Used (Material and Type)	Volume Placed (m³/ft³)	
From To			
0 42	BENTONITE SLURRY	10 FT³	

Method of Construction	Well Use
<input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Rotary (Conventional) <input type="checkbox"/> Rotary (Reverse) <input type="checkbox"/> Boring <input checked="" type="checkbox"/> Air percussion <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Diamond <input type="checkbox"/> Jetting <input type="checkbox"/> Driving <input type="checkbox"/> Digging	<input type="checkbox"/> Commercial <input type="checkbox"/> Municipal <input type="checkbox"/> Test Hole <input type="checkbox"/> Cooling & Air Conditioning <input type="checkbox"/> Not used <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring

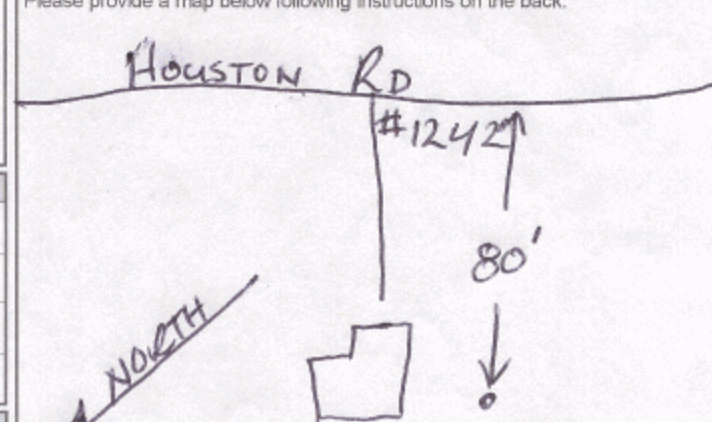
Construction Record - Casing				Status of Well	
Inside Diameter (cm/in)	Open Hole OR Material (Galvanized, Fibreglass, Concrete, Plastic, Steel)	Wall Thickness (cm/in)	Depth (m/ft)		
From To					
6 1/4	STEEL	0.188	0 44	<input checked="" type="checkbox"/> Water Supply <input type="checkbox"/> Replacement Well <input type="checkbox"/> Test Hole <input type="checkbox"/> Recharge Well <input type="checkbox"/> Dewatering Well <input type="checkbox"/> Observation and/or Monitoring Hole <input type="checkbox"/> Alteration (Construction) <input type="checkbox"/> Abandoned, Insufficient Supply <input type="checkbox"/> Abandoned, Poor Water Quality <input type="checkbox"/> Abandoned, other, specify _____ <input type="checkbox"/> Other, specify _____	
6	OPEN HOLE		44 160		

Construction Record - Screen				Status of Well	
Outside Diameter (cm/in)	Material (Plastic, Galvanized, Steel)	Slot No.	Depth (m/ft)		
From To					

Water Details		Hole Diameter	
Water found at Depth (m/ft)	Kind of Water: <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Untested <input type="checkbox"/> Gas <input type="checkbox"/> Other, specify _____	Depth (m/ft)	Diameter (cm/in)
From To			
110		0 42	9"
152		42 160	6"

Business Name of Well Contractor <b>JOE LEGGE &amp; SONS</b>		Well Contractor's Licence No. <b>7052</b>
Business Address (Street Number/Name) <b>1344 INLET BAY ROAD</b>		Municipality <b>BANCROFT</b>
Province <b>ONT</b>	Postal Code <b>K0L1C0</b>	Business E-mail Address
Bus. Telephone No. (inc. area code) Name of Well Technician (Last Name, First Name) <b>6133392025 LEGGE JOE</b>		
Well Technician's Licence No. <b>1879</b>	Signature of Technician and/or Contractor <i>J. Legge</i>	Date Submitted Y Y Y Y M M D D

Results of Well Yield Testing			
After test of well yield, water was:		Draw Down	
<input checked="" type="checkbox"/> Clear and sand free <input type="checkbox"/> Other, specify _____		Time (min)	Water Level (m/ft)
If pumping discontinued, give reason:		Static Level	
Pump intake set at (m/ft) <b>147.0</b>		1	18.4
Pumping rate (l/min / GPM) <b>15</b>		2	28.5
Duration of pumping <b>1 hrs + 0 min</b>		3	37.9
Final water level end of pumping (m/ft) <b>147.0</b>		4	46.5
If flowing give rate (l/min / GPM)		5	54.3
Recommended pump depth (m/ft) <b>140</b>		10	86.6
Recommended pump rate (l/min / GPM) <b>8.0</b>		15	110.3
Well production (l/min / GPM) <b>8.0</b>		20	134.6
Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25	147.0
		30	11
		40	11
		50	11
		60	147.0

Map of Well Location	
Please provide a map below following instructions on the back.	
	
Comments:	
Well owner's information package delivered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Package Delivered <b>20110513</b>
Date Work Completed <b>20110513</b>	Ministry Use Only
	Audit No. <b>z110581</b>
	AUG 04 2011
	Received