

FOR OFFICE USE ONLY

File No. OL-28-74
Date Application Received Sept. 11/74
Fee Paid *15.00 (cleque)

APPLICATION FOR A CERTIFICATE OF APPROVAL

FOR

CLASS 1, 2, 3, 4, 5 SEWAGE SYSTEMS

To be completed as per instruction sheet

1. Name of Owner Donald E. Clack Phone No. 544 1229
Address 84 Byron Crescent, Kingston.
2. Applicant's Name as above. Phone No. _____
Address _____
3. Lot Location:- Region/County/District Frontenac
Lot 11 14 Con. 11
Ward/Township/Town Olden Plan No. 1113 Sub lot No. 11
4. Size of Lot 60,000 sq.ft. Complete Page 2 of this application.
5. Water supply: Type Lake Proposed _____ Existing Lake
6. For Domestic System: No. of Bedrooms 3 No. of Persons 3
Garbage Grinder No
7. For Commercial Establishments: Type _____
(Attach details as required by local office)
8. Class and Type of Sewage System Proposed Class 4
(Complete Page 3 of this form)
9. List of Attachments

The facts given in this application are true to the best of my knowledge and belief.

Sept 9-74.
Date

D.E. Clack
Applicant's Signature

Donald Clark.

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

USE PERMIT FOR CLASS 4, 5, 6 SEWAGE SYSTEMS

APPLICATION NO.

06-28-74

INSPECTION DETAILS	TIME 8:45 · DATE July 19, 1977	WEATHER .cloudy & hot.
REPRESENTING:	THE OWNER Mr. D. Clack	THE INSTALLER Mr. Q. Webster (not present).

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 **Anchor.** **600** **Standard.**

- b) Leaching bed of total 300 lineal feet of 3 inch diameter distribution pipe of PVC.
(type and product description e.g. Cantron CSA Approved PVC) laid in 5 runs and fed by
gravity (gravity, siphon, pump).

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
 Stabilize All Sloped Surfaces Finish Grading to Shed Run-off and Divert Water Around Leaching Bed
 Other

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

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) Ronald Clark for the use and operation of the

Class 4 sewage system constructed/installed/enlarged/extended/ altered pursuant to the Certificate of Approval issued under the above application number 14 in accordance with the application and Certificate of Approval with any changes indicated above and located on Lot 44 Concession 11 Ward/Township/Municipality _____

Region/District/County _____ Plan No. **1113** Sub-Lot No. **11**

INSPECTED AND RECOMMENDED BY

PERMIT ISSUED BY D.A.S. for

DATE ISSUED

Doug Steele

F. Hatchings DIRECTOR

July 19, 1977

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

PLAN OF SEWAGE SYSTEM

NOTE: This form must accompany the Application for a Certificate of Approval

OWNER'S NAME D. E. Clack, 84 Byron Crescent, Kingston.

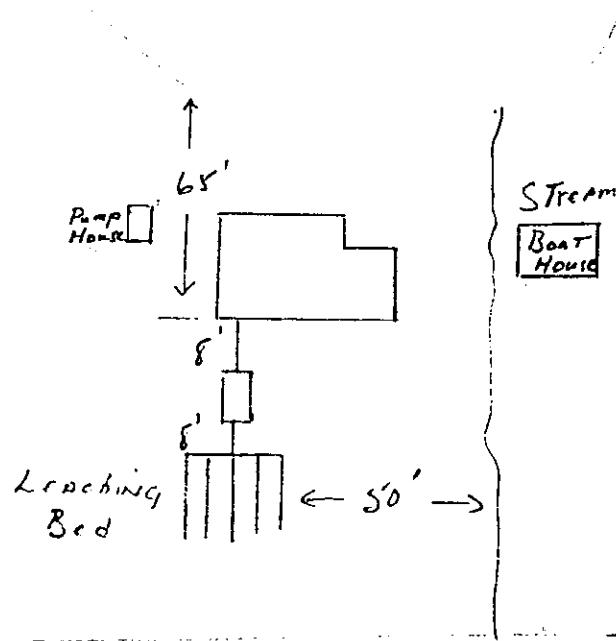
CONTRACTOR'S NAME Dawson Webster, Sharbot Lake,

APPLICANT'S PROPOSED SEWAGE SYSTEM

Outline on a sketch below details of the proposed system and clearances in feet (horizontally) of parts of the system from buildings, lot lines, surface water and wells. Details should include the location and dimensions of such portions as the septic tank, pumps and the leaching bed.

If a standard layout is selected, indicate the drawing number.

If a holding tank is proposed, indicate access point for pump-out vehicle or barge.



Approximate depth of soil
above Water Table, Rock
or other impervious layer
in area of disposal system

5 feet

**SEWAGE SYSTEM CERTIFICATE OF
APPROVAL**

The Approval number for the sewage disposal system at this building is:

*OL - 28 - 74

Please refer to this number when requesting any information from the KFL&A Health Unit.