



Ministry
of the
Environment

Ontario

WATER WELL RECORD

COUNTY OR DISTRICT Frontenac	TOWNSHIP, BOROUGH, CITY, TOWN, VILLAGE Olden	CON. BLOCK, TRACT, SURVEY, ETC. 11	LOT 14
OWNER (SURNAME FIRST) CLACK, Don	ADDRESS Box 181, Shantlo Lake, Ontario	DATE COMPLETED DAY 06 MO July YR 84	

LOG OF OVERBURDEN AND BEDROCK MATERIALS (SEE INSTRUCTIONS) (1)				
GENERAL COLOUR	MOST COMMON MATERIAL	OTHER MATERIALS	DEPTH - FEET	
			FROM	TO
	clay		0	16
	granite		16	71
INSTRUCTIONS AND EXPLANATIONS				
1. This log is to be filled in by the driller or owner of the well. It should be filled in as the well is drilled, and should be filled in as the well is completed. It should be filled in as the well is completed, and should be filled in as the well is completed.				
2. The log should be filled in as the well is drilled, and should be filled in as the well is completed. It should be filled in as the well is completed, and should be filled in as the well is completed.				
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WATER RECORD		CASING & OPEN HOLE RECORD				SCREEN		PLUGGING & SEALING RECORD	
WATER FOUND AT - FEET 68'	KIND OF WATER <input checked="" type="checkbox"/> FRESH <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERAL <input type="checkbox"/> FRESH <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERAL <input type="checkbox"/> SALTY <input type="checkbox"/> MINERAL	INSIDE DIAM. INCHES 6 1/2	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE	WALL THICKNESS INCHES 1.88	DEPTH - FEET FROM 0 TO 22	START OF OPENING (SLOT NO. 1) 0	DIAMETER INCHES 6 1/2	LENGTH FEET 22	PLUGGING & SEALING RECORD
	<input type="checkbox"/> FRESH <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERAL <input type="checkbox"/> SALTY <input type="checkbox"/> MINERAL		<input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE			DEPTH SET AT - FEET FROM 0 TO 22	MATERIAL AND TYPE CEMENT GROUT	CEMENT GROUT LEAD PACKER, ETC.	
	<input type="checkbox"/> FRESH <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERAL <input type="checkbox"/> SALTY <input type="checkbox"/> MINERAL		<input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE						
	<input type="checkbox"/> FRESH <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERAL <input type="checkbox"/> SALTY <input type="checkbox"/> MINERAL		<input type="checkbox"/> STEEL <input type="checkbox"/> GALVANIZED <input type="checkbox"/> CONCRETE <input type="checkbox"/> OPEN HOLE						

PUMPING TEST	PUMPING TEST METHOD <input checked="" type="checkbox"/> PUMP <input type="checkbox"/> SAILER	PUMPING RATE 20 GPM	DURATION OF PUMPING 1 HOURS 1 MINS
	STATIC LEVEL OF WELL 16 FEET	WATER LEVEL END OF PUMPING 71 FEET	WATER LEVELS DURING <input type="checkbox"/> PUMPING <input type="checkbox"/> RECOVERY
	IF FLOWING GIVE RATE 16 FEET	PUMP MAKE SET AT 71 FEET	WATER LEVEL OF TEST 71 FEET
	RECOMMENDED PUMP TYPE <input type="checkbox"/> SHALLOW <input checked="" type="checkbox"/> DEEP	RECOMMENDED PUMP SETTING 66 FEET	RECOMMENDED PUMPING RATE 20 GPM
LOCATION OF WELL			
IN DIAGRAM BELOW SHOW DISTANCES OF WELL FROM ROAD AND LOT LINE. INDICATE NORTH BY ARROW.			
85 LISTED AS FINE MEDIUM OR COARSE SAND WITH NO GRAVEL OR COBBLES.			
DRILLERS REMARKS:			

CONTRACTOR	NAME OF WELL CONTRACTOR Dary Well Drilling Limited	LICENCE NUMBER 1704
	NAME OF CITY OR TOWN Kenora, Ontario	LICENCE NUMBER
	SIGNATURE OF CONTRACTOR W. Dary	SUBMISSION DATE DAY 09 MO July YR 84
	OWNER'S COPY	
OFFICE USE ONLY		

FOR OFFICE USE ONLY

File No. OL-28-74
 Date Application Received Sept. 11/74
 Fee Paid \$15.00 (cheque)

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 11/4 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

Donald E. Clack
 Applicant's Signature

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.

OL-28-74

USE PERMIT FOR CLASS 4, 5, 6 SEWAGE SYSTEMS

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. Canron 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 ☒ ~~A~~
- 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.

[illegible]

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) Donald Clark 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 14 Concession 11 Ward/Township/Municipality _____ Region/District/County _____ Plan No. 1113 Sub-Lot No. 11

INSPECTED AND RECOMMENDED BY <i>Doug Steele</i>	PERMIT ISSUED BY <i>O.F.S. for</i> <i>F. Hatchings</i> DIRECTOR	DATE ISSUED <i>July 19, 1977</i>
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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.

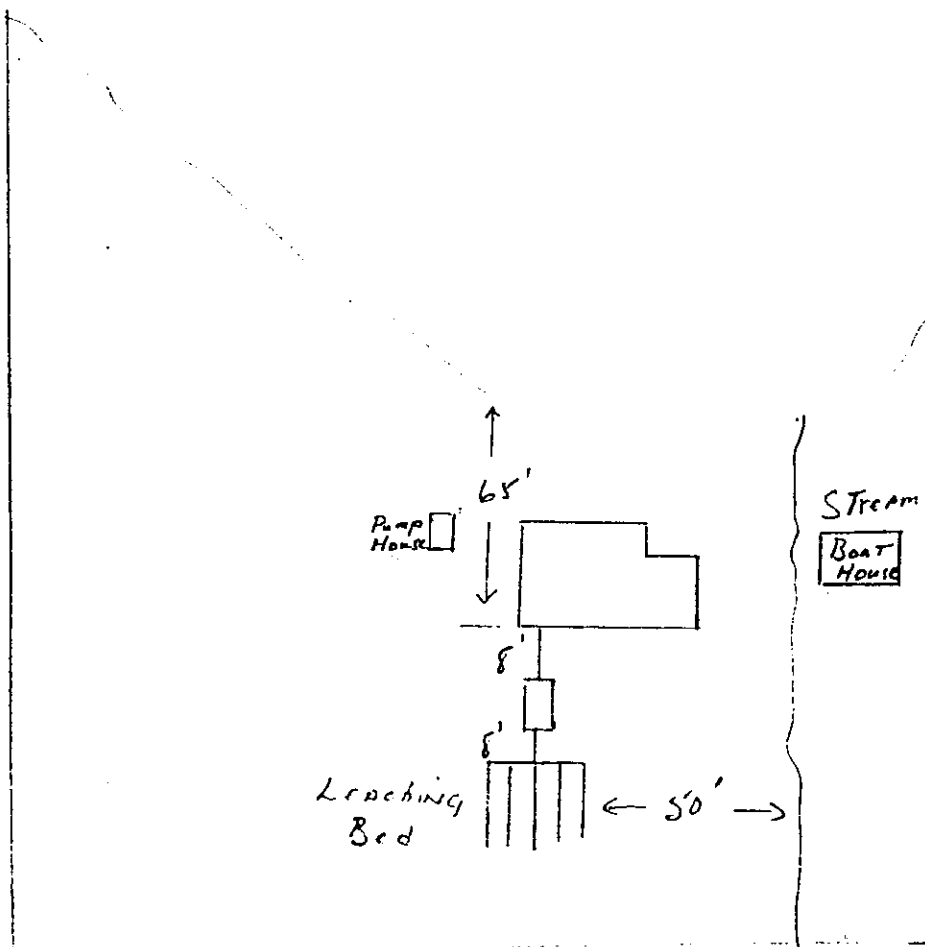
CONTRACTOR'S NAME Dawson Webster, Sharbot Lake.

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:

01 . 28 . 74

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