



DL 914

FOLIO NUMBER	DATE OF APPLICATION ( Y/M/D) 96/09/27	NAME OF OWNER W J. LOCKWOOD	NAME OF CONTRACTOR RAY AUDET.
LEGAL DESCRIPTION OF LOT LOT 5 PLKA D.L. 914, PLAN LMP 6365		STREET ADDRESS / GENERAL LOCATION 1022 GILMOUR RD.	
AS BUILT DIAGRAM : to be completed by the contractor or applicant		INSTALLED AS PER REGULATIONS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF OWNER / APPLICANT

		Scale 1 Box =
SEE ATTACHED PLANS		

The Ministry of Health does not guarantee the useable life of the sewage disposal system. The life of the system is affected by the use and maintenance it receives. Pump out the septic tank every 2-3 years. For servicing of package treatment plants, consult your local service agent. For service guarantees, consult your local sewage disposal contractor. If the system needs repair or modification, a new permit is required.  
If the system is not authorized for backfilling and if corrections are required, a re-inspection fee of \$100 must be paid for each time the Public Health Inspector checks to see that the faults have been corrected.

DATE BACKFILL / USE AUTHORIZED 96/09/27	SUBJECT TO THE FOLLOWING CONDITIONS:		
SIGNATURE PUBLIC HEALTH INSPECTOR / EHO: J. S. Brooker			
FOR PUBLIC HEALTH INSPECTOR / EHO USE ONLY			
septic tank	APPROVED <input checked="" type="checkbox"/> REJECTED <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	curtain drain	APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> NOT APPLICABLE <input checked="" type="checkbox"/>
package treatment plant	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	interceptor drains	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
other (e.g. lagoon, holding tank) specify:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pump	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
field laterals	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	drain rock	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
distribution box	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	set back distances	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
siphon	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	fill	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



OWNER  
INFORMATION  
Correspondence  
to be sent to  
☐ owner

APPLICANT  
INFORMATION  
Correspondence  
to be sent to  
☐ applicant

LOT  
INFORMATION

PREMISE  
INFORMATION

SYSTEM  
INFORMATION

ALTERNATE  
INFORMATION

SITE  
INFORMATION

RESTRICTIVE  
COVENANTS

APPLICANT  
SIGNATURE

FOLIO NUMBER	DATE OF APPLICATION (Y / M / D)			<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Alteration		
NAME OF OWNER WILLIAM J. LOCKWOOD			TELEPHONE NUMBER 886-2456			
MAILING ADDRESS Number and Street RR #1 510 C46			City GIBSONS BC	Postal Code V0N 1V0		
NAME OF APPLICANT			TELEPHONE NUMBER			
MAILING ADDRESS Number and Street			City	Postal Code		
LEGAL DESCRIPTION OF WHERE DISPOSAL SYSTEM IS TO BE CONSTRUCTED LOT 5 BLKA DL 914 LMP 6365						
STREET ADDRESS / GENERAL LOCATION 1022 GILMOUR RD						
SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING MOBILE HOME + <input type="checkbox"/> OTHER (specify): 2 RV SITES			NUMBER OF BEDROOMS: 2 M.H.	FINISHED BASEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DO YOU INTEND TO ADD A BASEMENT SUITE OR MORE BEDROOMS IN THE FUTURE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ESTIMATED DAILY SEWAGE FLOW: 550 GAL/DAY			TOTAL LIVING AREA:		LOT SIZE: 345' x 627'	
TYPE OF SEWAGE DISPOSAL SYSTEM: <input checked="" type="checkbox"/> CONVENTIONAL <input type="checkbox"/> ALTERNATE (E.G. <input type="checkbox"/> PRIVY <input type="checkbox"/> LAGOON, <input type="checkbox"/> RAISED MOUNDS, <input type="checkbox"/> SEEPAGE BED) <input type="checkbox"/> DEEP TRENCH <input type="checkbox"/> OTHER (specify):			SEPTIC TANK MANUFACTURER		LIQUID VOLUME OF TANK	
			MATERIAL OF SEPTIC TANK PLASTIC		2 x 750	
TOTAL LENGTH OF DRAINAGE PIPE 300'		TYPE OF DRAINAGE PIPE: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> OTHER (specify):			INSIDE DIAMETER OF PIPE 3"	
IF PACKAGE TREATMENT PLANT IS PROPOSED GIVE: MAKE MODEL		TREATMENT CAPACITY	SEWAGE PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO	FIELD DOSE VOLUME PUMPED PER CYCLE:		
PRESSURE DISTRIBUTION PROPOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		LAGOON SIZE		DEPTH OF CLAY SOIL	GARBURATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOIL DESCRIPTION DEPTH OF SOIL: <input checked="" type="checkbox"/> over 1.2 m (4 ft.) <input type="checkbox"/> under 1.2 m (4 ft.) If under 1.2 m (4 ft.), due to <input type="checkbox"/> rock or <input type="checkbox"/> clay at _____ ft. from surface. DEPTH TO WATER (TABLE): <input checked="" type="checkbox"/> over 1.2 m (4 ft.) <input type="checkbox"/> under 1.2 m (4 ft.) If under 1.2 m (4 ft.) the depth is _____						
PERC TESTS SLOWEST RATE FROM test hole #1 2 min./2.5 cm (1 inch) test hole #2 2 min./2.5 cm (1 inch) AVERAGE OF SLOWEST RATE FROM EACH TEST HOLE 2 min./2.5 cm (1 inch)						
WATER INFORMATION SOURCES OF DOMESTIC WATER: S.C.R.D. DISTANCES OF PROPOSED DISPOSAL FIELD FROM: _____ source of domestic water _____ breakout point _____ own well _____ neighbouring wells _____ stream or lake _____ water lines						
ARE THERE ANY RESTRICTIVE COVENANTS / EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SEWAGE DISPOSAL SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain						
The information on this application is accurate and true to the best of my knowledge: <input type="checkbox"/> Owner or <input type="checkbox"/> Agent Signature Date 11/07/96			OFFICE USE ONLY PAID: _____ DATE: _____ INITIALS: _____			

Pursuant to this application and the Sewage Disposal Regulations, permission is hereby granted to construct, install, alter, or repair the sewage disposal system on this property. *This permit may be cancelled if variations are made to these plans and specifications.*

Conditions of Permit:

DATE PERMIT VALID:  
96/07/11

SIGNATURE OF PUBLIC HEALTH INSPECTOR / EHO  
*J.E. Brooker*

FOR PUBLIC HEALTH INSPECTOR / EHO USE ONLY

SITE EVALUATION

☒ file check  
☒ application complete and consistent  
☒ soil requirements met  
☒ setback distances

SITE INFORMATION

☒ soil type *Simply loose*  
☒ soil depth *4' 0" r*  
☒ water table *4' r*  
☒ slope

COMMENTS  
*Previous permit issued 94/02/21*

PLOT PLAN DRAWN TO SCALE (to be completed by the Applicant/Contractor)

PLOT PLAN CHECKLIST The following items should appear on the plot plan of the proposed system. Indicate which items have been included by checking the appropriate box.

- ☐ house(or house site)  
☐ other buildings  
☐ septic tank  
☐ pkg. treatment plant  
☐ disposal field  
☐ drinking water sources  

☐ yours    ☐ adjacent neighbours

☐ water lines  
☐ percolation test holes (2)  
☐ observation test holes (2)  
☐ surface water (creeks, streams, lakes)  
☐ retaining wall  
☐ "North" arrow  
☐ direction of and percentage of ground slope

☐ roadways  
☐ patio / deck  
☐ paved areas  
☐ parking areas  
☐ dimensions of lot  
☐ property lines  
☐ swimming pool

Distance from septic tank:

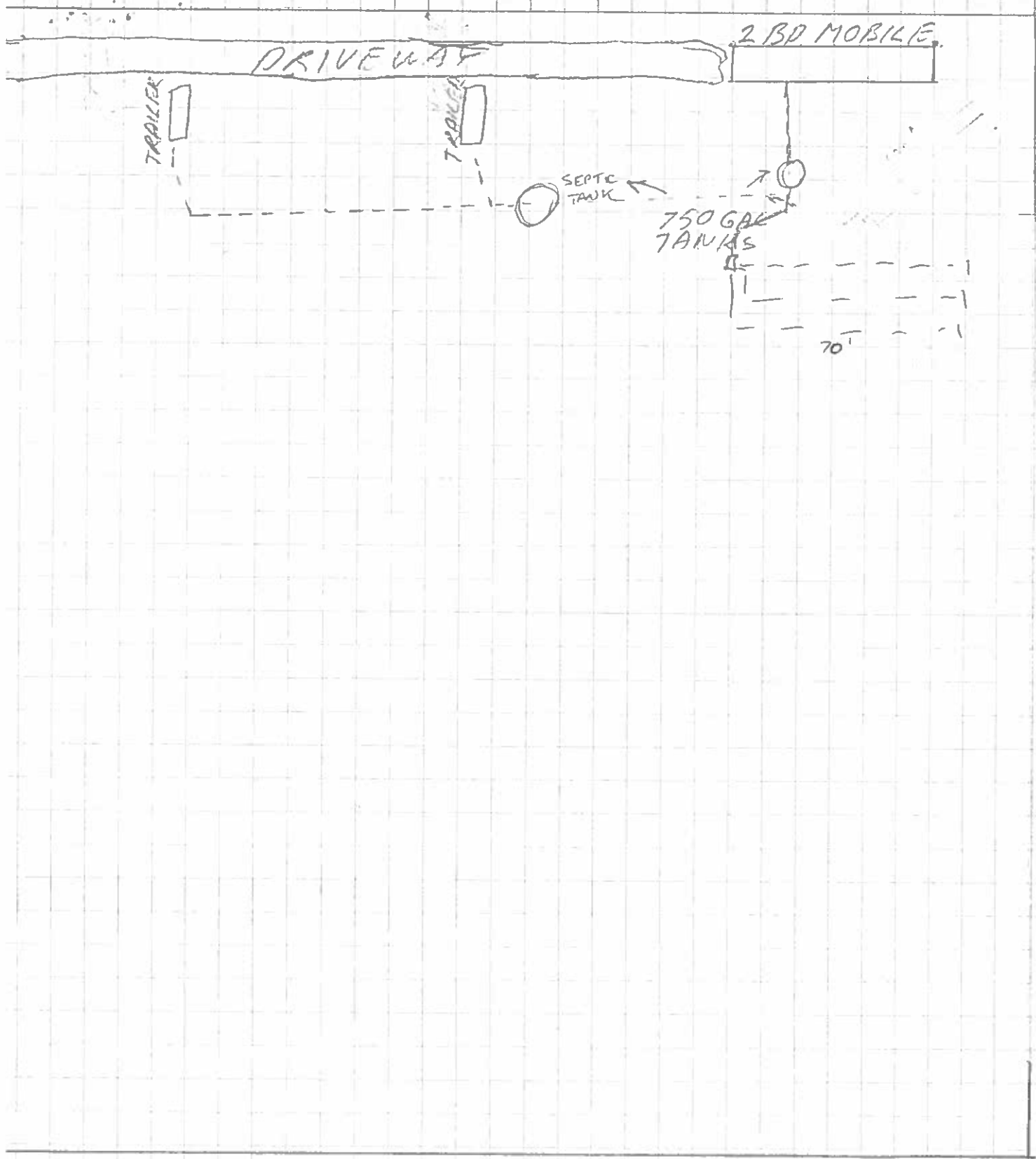
☐ to house  
☐ to domestic water source  
☐ to domestic water pipeline  
☐ to perimeter of lot

Distance from disposal field (or lagoon/mound)

☐ to house  
☐ to perimeter of lot  
☐ to own well  
☐ to neighbouring wells  
☐ to surface water (springs, streams, creeks, etc.)  
☐ to interceptor drains

Scale  
1 box =

SEE ATTACHED PLAN








OWNER INFORMATION Correspondence to be sent to <input checked="" type="checkbox"/> owner	FOLIO NUMBER	DATE OF APPLICATION ( D/M/Y ) 08/07/96		<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Alteration	
	NAME OF OWNER WILLIAM J. LOCKWOOD			TELEPHONE NUMBER 1 886-2456	
APPLICANT INFORMATION Correspondence to be sent to <input type="checkbox"/> applicant	MAILING ADDRESS RR#1 S10 C-46 GIBSONS BC			Postal Code V0N 1V0	
	NAME OF APPLICANT			TELEPHONE NUMBER	
LOT INFORMATION	LEGAL DESCRIPTION OF WHERE DISPOSAL SYSTEM IS TO BE CONSTRUCTED LOT 5 BLK A DL 914 LMP 6365 1022 GILMORE			STREET ADDRESS / GENERAL LOCATION GIBSONS	
	SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER (specify): SHOP			NUMBER OF BEDROOMS: 3	FINISHED BASEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PREMISE INFORMATION	ESTIMATED DAILY SEWAGE FLOW: 600 GAL/DAY			TOTAL LIVING AREA: 1,356 sq'	DO YOU INTEND TO ADD A BASEMENT SUITE OR MORE BEDROOMS IN THE FUTURE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	TYPE OF SEWAGE DISPOSAL SYSTEM: <input checked="" type="checkbox"/> CONVENTIONAL <input type="checkbox"/> ALTERNATE (E.G. <input type="checkbox"/> PRIVY <input type="checkbox"/> LAGOON, <input type="checkbox"/> RAISED MOUNDS, <input type="checkbox"/> SEEPAGE BED) <input type="checkbox"/> DEEP TRENCH <input type="checkbox"/> OTHER (specify):			SEPTIC TANK MANUFACTURER	LIQUID VOLUME OF TANK 2K 750 gal
SYSTEM INFORMATION	TOTAL LENGTH OF DRAINAGE PIPE 300'			TYPE OF DRAINAGE PIPE: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> OTHER (specify):	INSIDE DIAMETER OF PIPE 3"
	IF PACKAGE TREATMENT PLANT IS PROPOSED GIVE: MAKE MODEL			TREATMENT CAPACITY	SEWAGE PUMP: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ALTERNATE INFORMATION	PRESSURE DISTRIBUTION PROPOSED <input type="checkbox"/> YES <input type="checkbox"/> NO			LAGOON SIZE	DEPTH OF CLAY SOIL
	SOIL DESCRIPTION DEPTH OF SOIL: <input checked="" type="checkbox"/> over 1.2 m (4 ft.) <input type="checkbox"/> under 1.2 m (4 ft.) If under 1.2m (4 ft.), due to <input type="checkbox"/> rock or <input type="checkbox"/> clay at _____ ft. from surface. DEPTH TO WATER TABLE: <input checked="" type="checkbox"/> over 1.2 m (4 ft.) <input type="checkbox"/> under 1.2 m (4 ft.) If under 1.2m (4 ft.) the depth is _____			GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SITE INFORMATION	PERC TESTS SLOWEST RATE FROM test hole #1 2 min./2.5 cm (1 inch)    test hole #2 2 min./2.5 cm (1 inch) AVERAGE OF SLOWEST RATE FROM EACH TEST HOLE 2 min./2.5 cm (1 inch)				
	WATER INFORMATION SOURCES OF DOMESTIC WATER: S.C.R.D. DISTANCES OF PROPOSED DISPOSAL FIELD FROM: _____ source of domestic water    _____ breakout point _____ own well    _____ neighbouring wells    _____ stream or lake    _____ water lines				
RESTRICTIVE COVENANTS	ARE THERE ANY RESTRICTIVE COVENANTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SEWAGE DISPOSAL SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain				
APPLICANT SIGNATURE	The information on this application is accurate and true to the best of my knowledge: <input type="checkbox"/> Owner or <input type="checkbox"/> Agent Signature X [Signature]    Date 11/07/96			OFFICE USE ONLY PAID: \$250 DATE: 96-07-10 INITIALS: [Signature]	

PERMIT TO CONSTRUCT, INSTALL, ALTER OR REPAIR

Pursuant to this application and the Sewage Disposal Regulations, permission is hereby granted to construct, install, alter, or repair the sewage disposal system on this property. This permit may be cancelled if variations are made to these plans and specifications.

Conditions of Permit:

DATE PERMIT VALID  
96/07/11

SIGNATURE OF PUBLIC HEALTH INSPECTOR / EHO  


FOR PUBLIC HEALTH INSPECTOR / EHO USE ONLY

SITE EVALUATION

☒ file check

☒ application complete and consistent

☒ soil requirements met

☒ setback distances

SITE INFORMATION

☒ soil type Sandy loam

☒ soil depth 4'

☒ water table 4'

☒ slope

COMMENTS

Previous permit issued 44/02/21

PLOT PLAN DRAWN TO SCALE (to be completed by the Applicant/Contractor)

PLOT PLAN CHECKLIST The following items should appear on the plot plan of the proposed system. Indicate which items have been included by checking the appropriate box.

<input checked="" type="checkbox"/> house (or house site)	<input checked="" type="checkbox"/> water lines	<input checked="" type="checkbox"/> roadways	Distance from septic tank:	Distance from disposal field (or lagoon/mound)
<input checked="" type="checkbox"/> other buildings	<input type="checkbox"/> percolation test holes (2)	<input type="checkbox"/> patio / deck	<input checked="" type="checkbox"/> to house	<input type="checkbox"/> to house
<input checked="" type="checkbox"/> septic tank	<input type="checkbox"/> observation test holes (2)	<input type="checkbox"/> paved areas	<input checked="" type="checkbox"/> to domestic water source	<input type="checkbox"/> to perimeter of lot
<input type="checkbox"/> pkg. treatment plant	<input type="checkbox"/> surface water (creeks, streams, lakes)	<input type="checkbox"/> parking areas	<input checked="" type="checkbox"/> to domestic water pipeline	<input type="checkbox"/> to own well
<input checked="" type="checkbox"/> disposal field	<input type="checkbox"/> retaining wall	<input type="checkbox"/> dimensions of lot	<input type="checkbox"/> to perimeter of lot	<input type="checkbox"/> to neighbouring wells
<input checked="" type="checkbox"/> drinking water sources	<input checked="" type="checkbox"/> "North" arrow	<input type="checkbox"/> property lines		<input type="checkbox"/> to surface water (springs, streams, creeks, etc.)
<input checked="" type="checkbox"/> yours <input type="checkbox"/> adjacent neighbours	<input type="checkbox"/> direction of and percentage of ground slope	<input type="checkbox"/> swimming pool		<input type="checkbox"/> to interceptor drains

Scale  
1 box =

SEE ATTACHED PLAN.

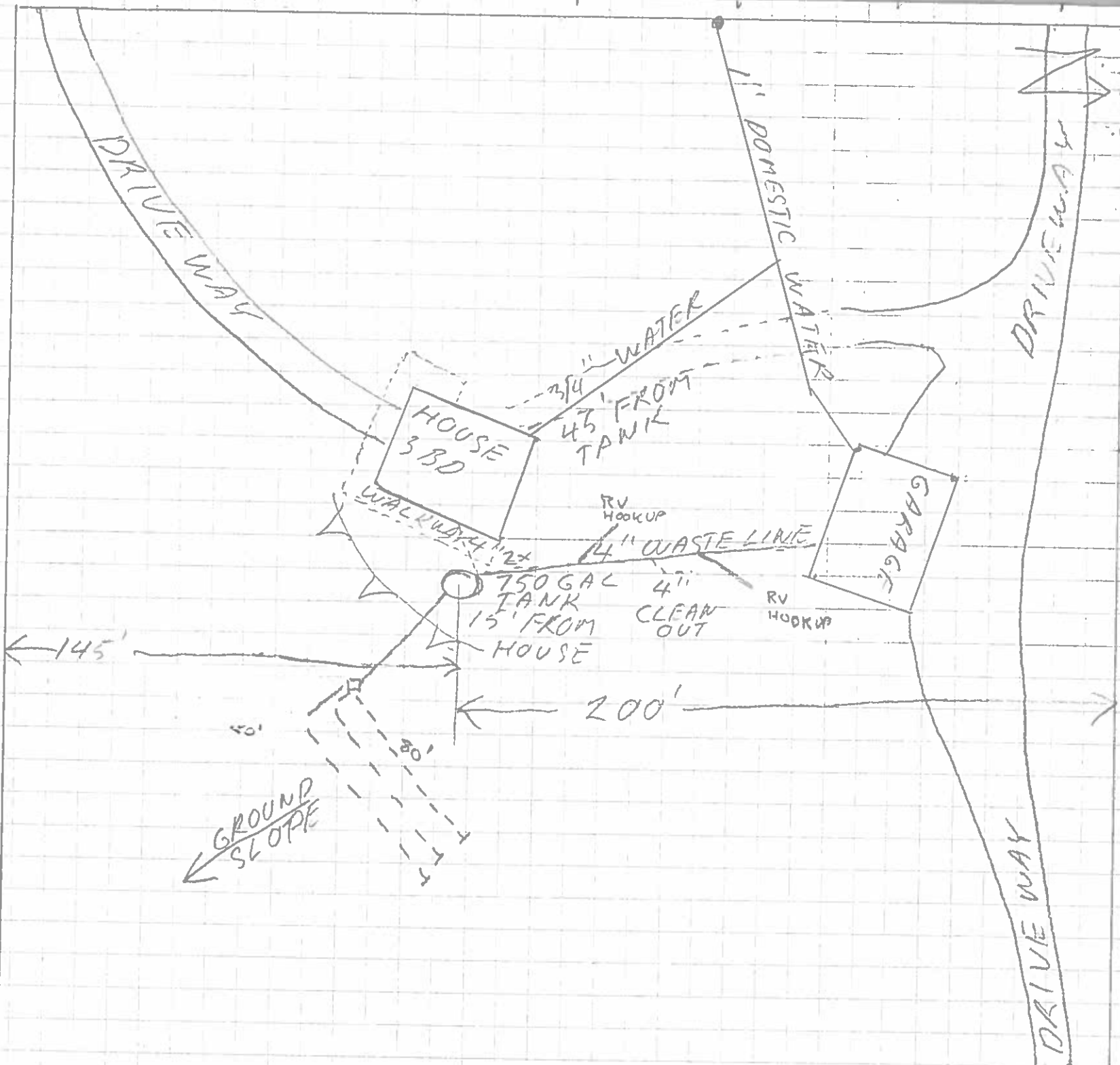
HLTH 135 Rev. 94/09

WHITE COPY - FILE

YELLOW COPY - TO OWNER

PINK COPY - TO BUILDING AUTHORITY

BLUE COPY - FOR POSTING





Province of  
British Columbia

Ministry of Health and  
Ministry Responsible for Seniors  
PUBLIC HEALTH  
PROTECTION

# APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

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 <b>de Montreuil Enterprises</b>		OWNER'S NAME <b>Bill Lockwood</b>	
LEGAL DESCRIPTION AND STREET ADDRESS <b>Lot 5 B/LK A DL914 LMP 6365 Gilmore Rd. Gibsons</b>		OWNER'S ADDRESS <b>3610 Oxford St. Vancouver</b>	
POSTAL CODE <b>B.C. V5K 1P3</b>	APPLICANT'S PHONE <b>886-2807</b>	POSTAL CODE <b>B.C. V5K 1P3</b>	OWNER'S PHONE <b>294-5095</b>
TYPE OF PREMISES SERVED <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input checked="" type="checkbox"/> OTHER SPECIFY <b>2 single family residence and 14 campsites</b>			
ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS) <b>300 im gill 150 per field</b>		DIMENSIONS OF LOT <b>345x627x399x630'</b>	LOT AREA <b>2.024 ha 750</b>
DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE <b>4'+</b>	SEPTIC TANK (NAME, IF PREFABRICATED) <b>Premier Plastic</b>	MATERIAL <b>Polyethylene</b>	LIQUID CAPACITY <b>640 gall.</b>
TYPE OF ULTIMATE DISPOSAL <input checked="" type="checkbox"/> CONVENTIONAL SYSTEM <input type="checkbox"/> ALTERNATE (DESCRIBE)	TOTAL LENGTH OF DISPOSAL PIPE <b>150 300'</b>	TYPE OF PIPE <b>Perf P.V.C.</b>	INSIDE DIAMETER OF PIPE <b>3"</b>
DISTANCES FROM SOURCES OF DOMESTIC WATER FROM OWN FROM NEIGHBOUR'S FROM STREAM OR LAKE			
IF A PACKAGE TREATMENT PLANT IS PROPOSED		MAKE AND MODEL	TREATMENT CAPACITY

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  
**Jan. 17/94**

SIGNATURE OF OWNER OR AGENT  
**de Montreuil**

**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

**Disposal field to be minimum 20' back from top of bank. Permit for mobile home & shop.**

DATE OF ISSUANCE  
**94/02/21**

MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR  
**J. E. Brooker**

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

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.



**\* 14 campsites: developing over the next year.**  
**- see attached drawings for disposal fields layout.**

PERC RATES  
**55 secs.**  
**57 secs**  
**59 sec.**

COAST-GARIBALDI HEALTH UNIT

**PAID**

JAN 19 1994

RCPT. #

**677177**



# de MONTREUIL ENTERPRISES

General Delivery, Roberts Creek,

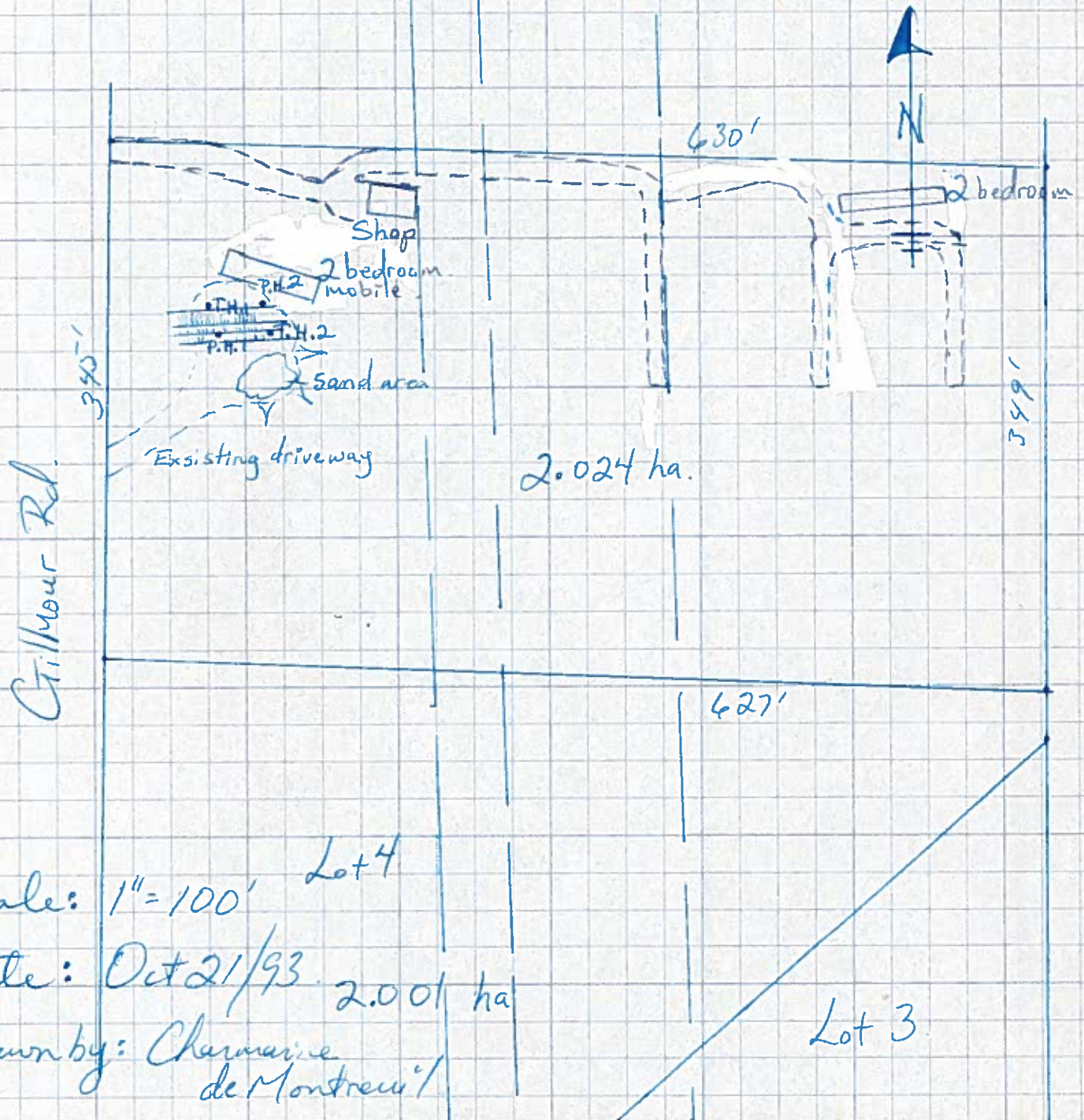
B.C. VON 2W0

phone/fax (604) 886-2807

Lot 5, B1A, LMP 6365 DL 914

Perk Rates: P.H.#1 + R.H.#2 average. : 45 secs., 49 secs., 50 sec

Soil Conditions: Humus-slightly disturbed due to clearing 1'-3"  
sandy gravel loam 4'+. some layers  
(1"-1 1/4") of clayish sand (packed).

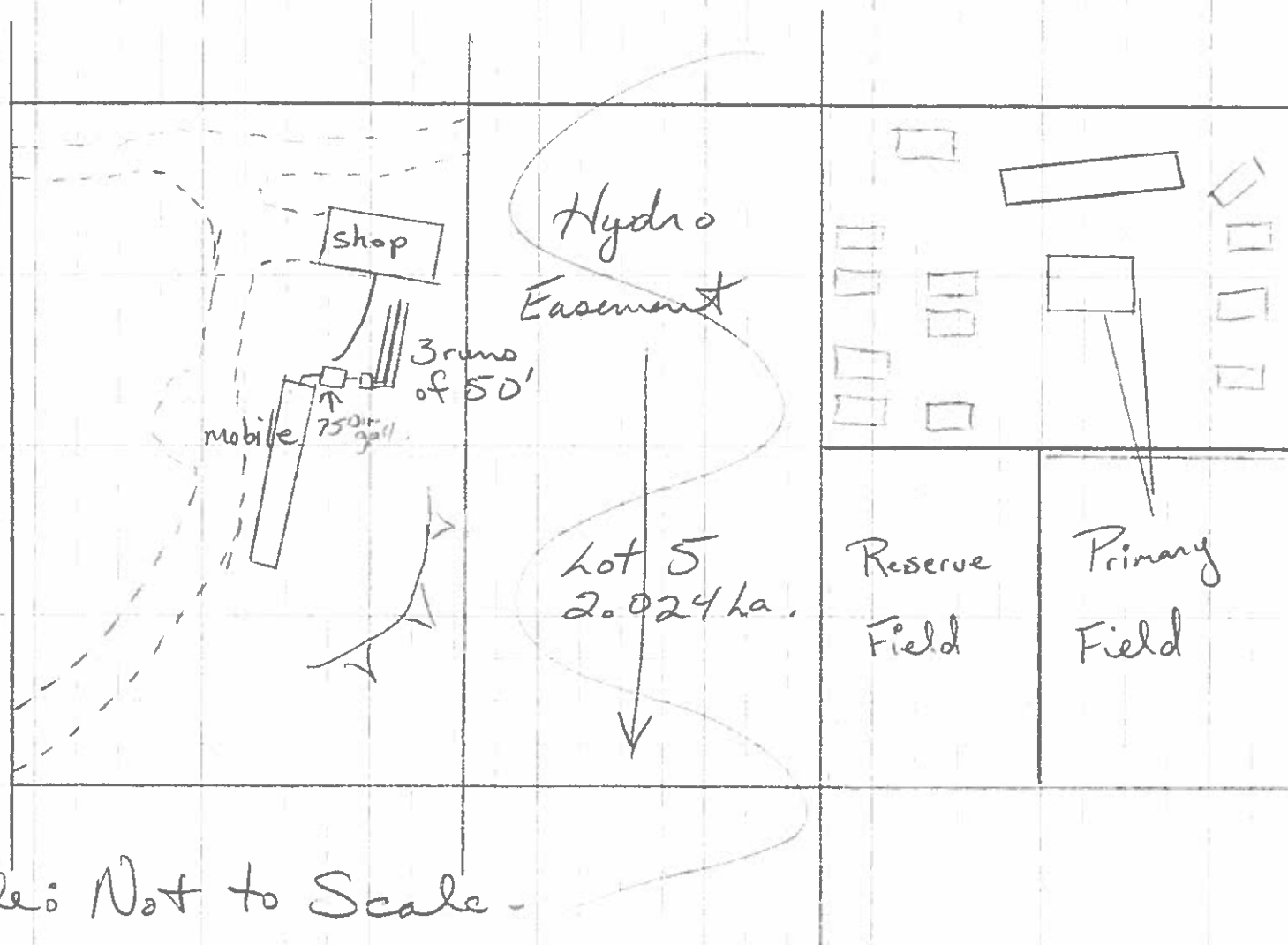


Scale: 1" = 100' Lot 4

Date: Oct 21/93. 2.001 ha

Drawn by: Charmaine  
de Montreuil

Lot 5 Bk A LMP 6365 DL 914.  
Bill Lockwood



Scale: Not to Scale.

Date: Revised layout of Main Residence and Shop Septic System

Drawn by: Charmaine de Montreuil





Province of  
British Columbia

Ministry of Health and  
Ministry Responsible for Seniors  
PUBLIC HEALTH  
PROTECTION

## APPLICATION FOR A PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM

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 <b>Bill Lockwood</b>		OWNER'S NAME <b>Bill Lockwood</b>	
LEGAL DESCRIPTION AND STREET ADDRESS <b>Lot 5 B/LKA DL 914 LMP 6365</b>		OWNER'S ADDRESS <b>3610 Oxford St Vancouver</b>	
POSTAL CODE <b>Gilmour Rd. Gibsons</b>	APPLICANT'S PHONE <b>294-5095</b>	POSTAL CODE <b>B.C. V5K 1P3</b>	OWNER'S PHONE <b>294-5095</b>
TYPE OF PREMISES SERVED <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input checked="" type="checkbox"/> OTHER SPECIFY <b>2- (2bd residences) and 14 campsites</b>		DIMENSIONS OF LOT <b>345'x627'x349'x630'</b>	
ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS) <b>4' +</b>		LOT AREA <b>2.024 ha</b>	
DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE <b>4' +</b>		LIQUID CAPACITY <b>750' gall.</b>	
SEPTIC TANK (NAME, IF PREFABRICATED) <b>5-750' gall. Premier</b>		MATERIAL <b>Plastic</b>	
TYPE OF ULTIMATE DISPOSAL <input checked="" type="checkbox"/> CONVENTIONAL SYSTEM <input type="checkbox"/> ALTERNATE (DESCRIBE)		TOTAL LENGTH OF DISPOSAL PIPE <b>see below</b>	
DISTANCES FROM SOURCES OF DOMESTIC WATER FROM OWN <b>/</b> FROM NEIGHBOUR'S <b>/</b> FROM STREAM OR LAKE <b>/</b>		TYPE OF PIPE <b>Pert. P.U.C.</b>	
INSIDE DIAMETER OF PIPE <b>3"</b>		TREATMENT CAPACITY <b>/</b>	

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  
**June 17/94 Revised Feb.**

SIGNATURE OF OWNER OR AGENT  
**/**

**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

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.



\* main residence field. 150' of run.  
soil conditions: silty sandy loam.

\* Main field  
PERC RATES  
: 55 secs  
: 57 secs  
: 59 secs

\* composite field 1700' of field run  
soil conditions: silty sandy loam

\* composite field  
1:35 min.  
1:47 min.  
1:52 min.