Appendix C

Northwestern Health Unit
www.nwhu.on.ca

Application for Consent Report

Regarding Property:

legal description: 42125-0419; Parts 2, 5 and 6 of KR361 twp of Kirkup

location: 38 Kimberley Rd - Longbow Lake

Owner(s): **Alexander and Katelyn McEachern**

NWHU File Number: **LDK015-22**

The Northwestern Health Unit inspects and/or reviews proposed consents to assess the retained and new proposed lot's ability to have future Ontario Building Code compliant septic systems and to assess the suitabliity of any existing sewage systems. Most illnesses that arise from contact with sewage are caused by pathogens which are biological agents that cause disease or illness in a host. Pathogens in sewage include bacteria, parasites and viruses. They can cause a wide variety of acute illnesses.

The items below only address the sewage system capability of the proposed consent. Any deficiencies noted about existing sewage systems are dealt with directly with the property owner.

Systems are subject to environmental factors such as soil conditions, prevalence of shallow or exposed bedrock, groundwater table and drainage. Correct or improper usage of a system will also affect its operable longevity.

Retained Property

Main Sewage

There is a dwelling with an existing septic system. There is sufficient area to install a new system in the same general area when needed.

Tank or Field

There appeared to be access to either the pump or effluent filter via an exposed to grade lid.

Severed Property

Main Sewage

There is sufficient area to install a new septic system on this lot when needed.

Final Comments:

The Northwestern Health Unit has no objections to the proposed consent

Property Inspected By:

Kurtis Casey

Kurtis Casey, CPHI (C)
Public Health Inspector

June 7, 2022
Date

Report Reviewed By:

Thomas Nabb, HBHSc, BASc, CPHI (C)
Manager, Environmental Health
Chief Building Official for Part 8

June 8, 2022
Date

NORTHWESTERN HEALTH UNIT

:RTIFICATE OF COMPL ION

for

SEWAGE SYSTEM

APPLICATION NO. 9758-02

INSPECTION DETAILS	TIME 1 05 DATE JULY 25 2002	WEATHER SUNNY
REPRESENTING:	THE OWNER [redacted]	THE INSTALLER M. STRECKER

1. Work authorized by the Sewage System Permit has been satisfactorily completed and includes:

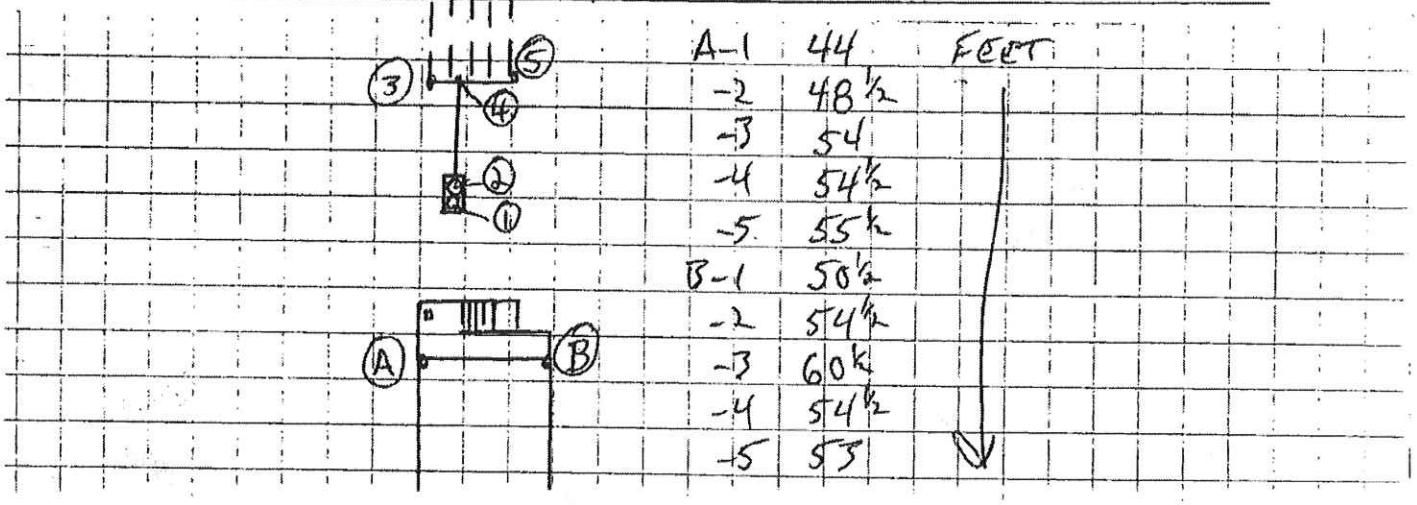
a) SEPTIC TANK ~~HOLDING TANK~~ of working capacity of 800 gallons/litres constructed of concrete ☐ plastic ☐ fibreglass ☐ onsite ☐ prefabricated ☐ to serve 2 (no. of bedrooms/units)

Make and model of tank: SUNSET MANUFACTURING

b) LEACHING BED of total 250 feet/~~metres~~ of 4 inch diameter distribution pipe of PVC (type and product description eg. manufacturer(s) and material of which pipe is made) laid in 5 runs.

c) Secondary Treatment Unit: (Manufacturer) _____ Model _____

d) Other details _____



2. The following work remains to be completed:

☐ Backfill System and Complete ☐ Finish Grading to Shed Run-off and Divert Water Around Leaching Bed

☐ Stabilize All Sloped Surfaces ☐ Other .....

CERTIFICATE OF COMPLETION

Under the Building Code Act and subject to the provisions of the Act and Regulation, a Certificate of Completion is hereby issued to (owner) [redacted] for the use and operation of the Class 4 sewage system constructed/installed/enlarged/extended/altered pursuant to the Sewage System Permit issued under the above application number in accordance with the application and Sewage System Permit with any changes indicated above and located on Lot _____ Concession _____ Plan No. _____ Parcel 23594 PART OF MINING CLAIM M-8 - ALL OF K-1500

Sub-Lot No. _____ Township KIRKUP District of ~~Kenora~~/~~Rainy River~~ (circle one)

Inspected and Recommended by:	Permit Issued by:	Date Issued:
DAVE VERHUNST	DAVE VERHUNST	JULY 30 2002

NORTHWESTERN HEALTH UNIT
SEPTIC SYSTEM GUIDELINES

NAME: [redacted]
PERMIT NUMBER: 9758-02
DATE OF INSPECTION: July 18, 2002
WORKING CAPACITY OF SEPTIC TANK: 800 gallons
LENGTH OF DISTRIBUTION PIPE: 250 feet

SEPTIC SYSTEM GUIDELINES and REGULATORY MINIMUMS:

The following conditions are attached to your Certificate of Approval to prevent breakout of sewage, provide sufficient retention volume, and to ensure treatment.

1. Clear, excavate to an average depth of 1 ½ feet and level an area 26 ' X 56 '. Scarify or loosen bottom of excavation. Ensure that the bottom of the excavation is above the high ground water table. Backfill and compact to 3' with sand or gravel.

2. On 6" of 1 1/2" crushed stone, 18" wide and 5' centres, lay 5 lines 50' each of 4" diameter PVC perforated pipe running from a distribution box or solid header. Perforated piping should be laid on a slope of approximately 1/2" per ten feet. Tie in ends with solid pipe.

3. Mound 2-4" crushed rock over perforated pipe and cover with untreated building paper.

4. Cover with 16-18" of sand on top of untreated building paper.

5. Stabilize perimeter on a slope of not less than 3 :1.

6. On up to 4" of topsoil, sod or seed to grass immediately.

7. Ensure that drainage is established around the septic field.

8. **SYSTEM COMPONENTS TO BE LEFT OPEN FOR INSPECTION.**

Northwestern Health Unit

www.nwhu.on.ca

APPLICATION FOR SEWAGE SYSTEM
"Please Print Carefully in Pen"

Permit No.	9758-02
Date Received	July 22/02
Receipt No.	443639
Fee Amount	$ 625.00

Property Location

District: KENORA

Municipality/Township: KIRKUP

House No./Street/Road: KIMBERLY ROAD

Lot: Con.

Parcel: 23594 Plan No.: Sublot:

Other: PARTS OF MINING LOCATION M. 8 RECORDED AS MINING CLAIM K. 2500. TOWNSHIP OF KIRKUP, BEING ALL OF THE PARCEL.

Lot Dimensions:
Frontage: Depth: Area: APPROX. 6.4 ACRES.

Registered Owner [redacted] Agent

Mailing Address LONGBOW LAKE P.O. Mailing Address

Postal Code P0X 1L0 Postal Code

Phone (H) 548 1490
(W) FAX 548 1491

Phone (H)
(W)

Water Supply(Check type proposed/~~exsiting~~)

Municipal ( ) drilled well (✓) other (state)

Depth of well casing ( ) distance from septic tank ( ) distance from leaching bed ( )

Floor Area

Residential floor area 30x26 U/STAIRS ~~square metres~~ & POSSIBLE FUTURE DWELLING UNIT IN STORAGE AREA BELOW OF SAME SIZE W ATTACHED GARAGE/SHOP

Is there a basement ( ) yes ( ) no If yes, square metres

Ceiling height of basement metres

Other type square metres floor area square metres

Plumbing (Complete the following table)

Description	Total #	X	Fixture Units	=	Total Fixture Units
Bathroom group	2	X	6	=	_____
Water closets (flush tank toilet)	2	X	4	=	_____
Sinks (not included in bathroom group)	2	X	1 1/2	=	_____
Bathtub and/or shower (not included)	0	X	1 1/2	=	_____
Dishwasher	0	X	1/2	=	_____
Clothes Washing Machine	1	X	1 1/2	=	_____
Single or double laundry tub	____	X	1 1/2	=	_____
Other	____	X	___	=	_____
Other	____	X	___	=	_____

NOTE: Two (2) compartment kitchen sink; count as one (1) sink

Sewage Systems

Will more than one sewage system be used yes ( ) no ( )
Total # of bedrooms on the property A) 1+1

Total Floor Area of building B)_____

Total Fixture Units within all buildings on the property C)_____
(taken from Plumbing section)

Total Daily Design Flow Rate (expressed in L/Day) Q= 1600
(Determine from A,B, C, and charts provided)

Describe Proposed Sewage Systems Area: a) slope _____ b) vegetation _____

c) Depth of Existing soils to: bedrock/hardpan _____m high groundwater table_____m

Describe Soils to be Used for Sewage System a) existing on-site soils ( ) OR imported fill (✓)

b) Type of Soil Indicated Above (circle one) fine sand (medium sand) coarse sand sandy silt silt clay loam clay

c) Percolation Time of Proposed Soils (Refer to Info Sheets)T= 8 min/cm

d) Describe Soils (Downslope of Sewage System) type of soil _____vegetation_____

PROPOSE TO CONSTRUCT (Refer to Above info & to the Building Code and/or Info Sheets & Charts Provided)

( ) **Class 2 Greywater Pit** (daily sewage flow litres _____

Wall structure concrete block ( ) rocks ( ) other _____

Dimensions of pit length _____ width _____ height _____
type of cover _____

Type of Class 1 to be used privy ( ) composting ( ) chemical ( ) electrical ( )
other _____

( ) **Class 3 Cesspool** (wall structure) concrete blocks ( ) rock ( ) other _____

(✓) **Class 4 Standard Septic Field**

Total length of pipe 250 ~~feet~~ ~~m~~ # of runs of pipe 4-6 header (✓) or distribution box ( )

Use existing tank ( ) OR new CSA Standard: concrete ( ) polyethylene ( ) fibreglass ( )

Size 800 GALLONS ~~litres~~

Soil mantle required if any disturbed downslope soils must be replaced with mantle sand.

( ) **Class 4 Treatment Unit** Type of Treatment Unit _____

Total length of pipe _____meters # of runs of pipe _____

Soil mantle required if any disturbed downslope soils must be replaced with mantle sand.

PLEASE NOTE SAMPLING REQUIREMENTS FOR THESE SYSTEMS IN INFORMATION PACKAGE

( ) OTHER SYSTEM Describe

_____

( ) **Class 5 (Holding Tank)** ONLY PERMITTED IN LIMITED CIRCUMSTANCES UNDER THE BUILDING CODE.
( ) fibreglass ( ) polyethylene ( ) concrete size _____litres

FOR ANY OF THE ABOVE IS A PUMP REQUIRED? yes ( ) no ( ) MAYBE

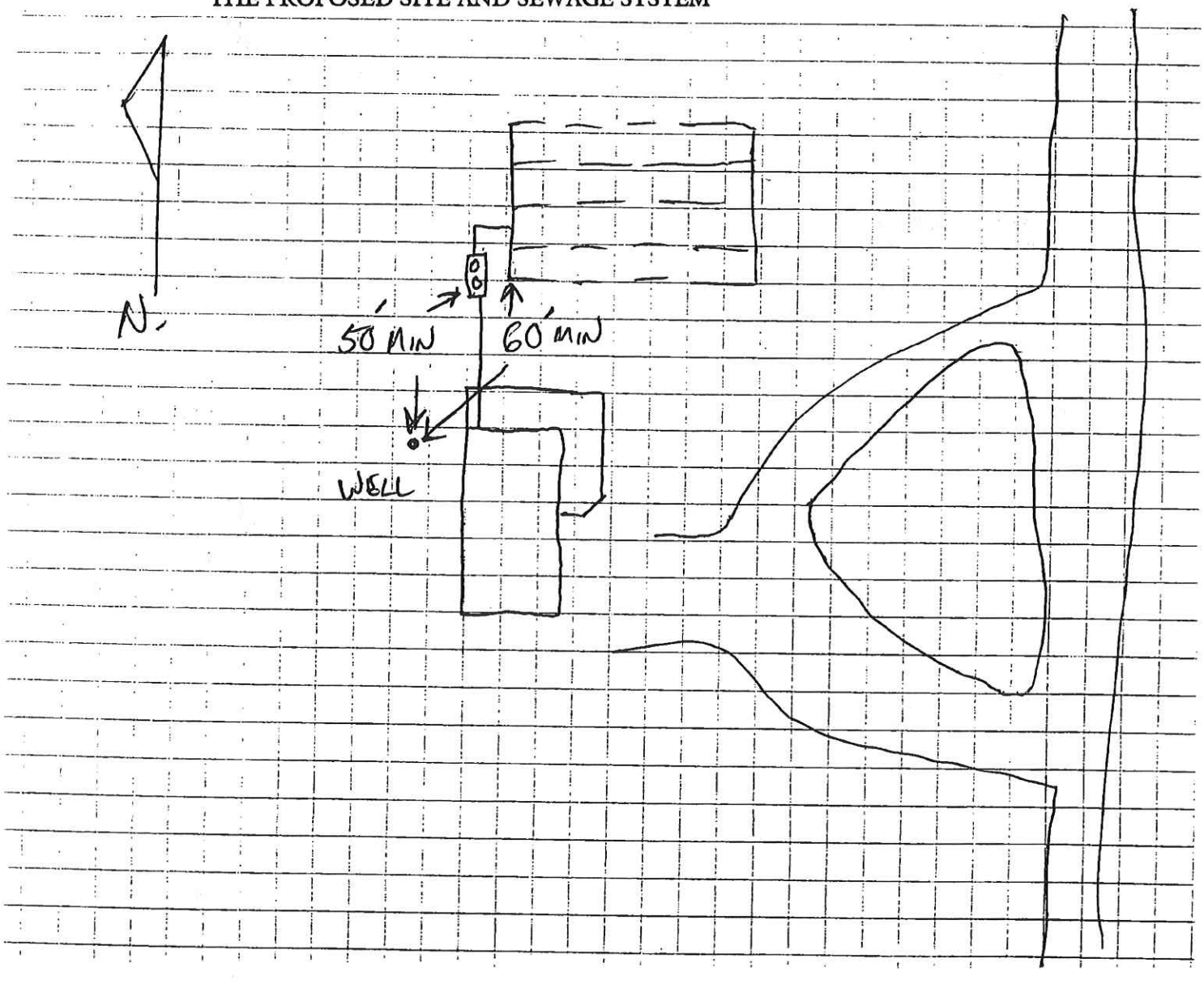
Contractors name NATALONE SAND + GRAVEL On-Site Supervisor MIKE STRECKER

Permit #_____

- **SITE PLAN BELOW SHOULD BE REFERENCED TO A CURRENT SURVEY CERTIFIED BY A REGISTERED ONTARIO LAND SURVEYOR AND SHOW:**

- Property lines, lot size, and dimensions of the property;
- Provide detailed sewage system diagram, including dimensions of leaching bed, soil mantle, septic tank location, and pump chamber, if required;
- Show setbacks from existing and proposed sewage systems to property boundaries, buildings, wells, (including neighbours), lakes, rivers, streams, reservoirs, ponds, and water drainage courses;
- Show location of any unsuitable, disturbed or compacted areas (driveways);
- Show existing or proposed utility corridors, right-of-ways-driveways, easements, crown reserves;
- Indicate drainage patterns, swales, culverts, rock outcroppings.

PRIOR TO CONSTRUCTION, ARRANGE FOR AN INSPECTOR TO APPROVE THE PROPOSED SITE AND SEWAGE SYSTEM



Directions to Property

(Show highways, roads, landmarks, etc. to follow)

Extraordinary travel costs by air, water, etc, are to be incurred by the applicant.

FIRE RD 3-0-D (FIRST DRIVE ON RIGHT (WEST) ON RIMBEALY ROAD)

DECLARATION

- I, the undersigned [redacted] agree to comply with the provisions of the Building Code Act, Sewage System By-laws of the Northwestern Health Unit and all amendments thereto. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the By-laws above mentioned. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Designated Sewage System Inspector at the time of permit issuance.

- Applicants are responsible to ensure that the information provided is true and accurate. I also understand that, once a Permit has been issued, there shall be no change in the plans, specifications, documents or other information on which the Permit was issued unless, written authorization is first received from the Designated Sewage System Inspector. The Northwestern Health Unit will not be held responsible for incorrect information herein by the applicant.

Owner's Signature _____ Agent's Signature _____

July 18 2002
Date _____ Date _____

- The Inspector will return all applications, which are incomplete or unsigned. This application does not constitute a permit. **NO WORK SHALL COMMENCE UNTIL A PERMIT HAS BEEN ISSUED.**

- **Is the home to be registered under the New Home Warranty Program** yes ( ) no ( )

FOR OFFICE USE ONLY

Inspected and recommended by _____ Issued by _____

July 22/02
Date

Personal information contained on this form is collected pursuant to the Ontario Building Code Act, 1992 as amended, and will be used for the purpose of considering your application for a permit.