

BOS Engineering & Environmental Services

Muskoka Office - Box 111, Bracebridge, ON, P1L 1T5

Phone 705-645-5856

Fax 705-645-8218

PROPERTY DESCRIPTION

Roll #	911 #	Rd. Name	Name
010 003 02600	1049-2	Pot-in-Bay Ln	Baker

Dear Sir or Madam:

RE: Sewage System Re-Inspection Program for Township of Lake of Bays

BOS Engineering & Environmental Services have been retained to conduct the Septic System reinspection program on behalf of the **Township of Lake of Bays**.

On Oct. 11/01, the property as noted above was inspected. Please notify us if this information is incorrect and the municipal records will be updated.

There is a record of the sewage system on file and the permit number is FR-051-89. At the time of inspection no unsafe conditions of the sewage system as described in the Building Code, were observed. This does not however constitute an endorsement of the condition of the sewage system. The components of the system were not exposed and a detailed evaluation of the use and maintenance of this system was not carried out.

I direct your attention to the enclosed pamphlet. It is important that the sewage system be maintained as outlined in the pamphlet.

Yours truly,

Bart Carwell

BOS Engineering & Environmental Services

INSPECTION DETAILS	TIME	DATE	WEATHER
	11:50	Oct 18/89	Snowy 0°C
REPRESENTING:	THE OWNER	THE INSTALLER	
		Lovegrove #2 utage.	

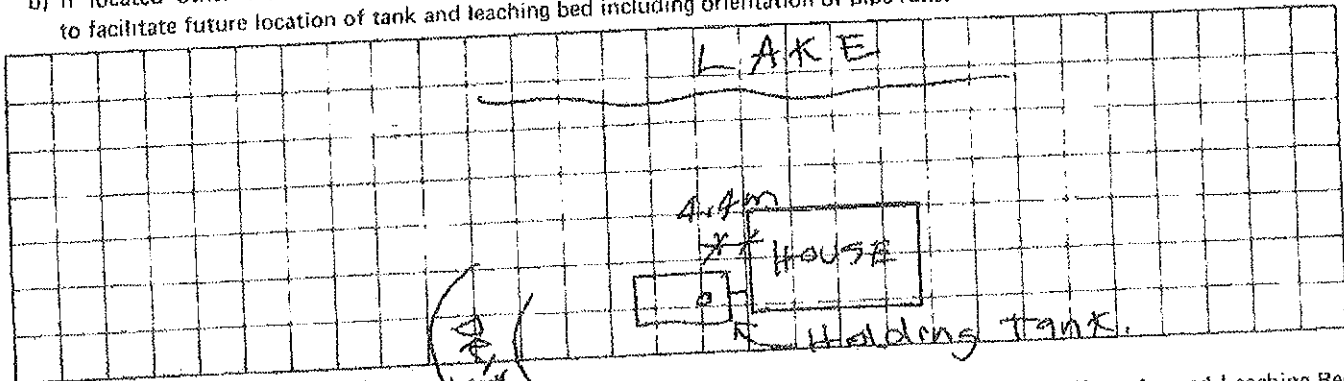
1. Work authorized by the Certificate of Approval has been satisfactorily completed and includes:
- a) Septic tank/holding tank of working capacity of 2000 Imp. Gals. constructed of steel concrete fibreglass on site or prefabricated to serve 3 (no. of bedrooms or units). plastic.

MAKE AND MODEL, IF PREFABRICATED TANK 2000 gal Big "O"

- b) Leaching bed of total _____ lineal feet of _____ inch diameter distribution pipe of _____ (type and product description e.g. manufacturer(s) and material of which pipe is made) laid in _____ runs and fed by _____ (gravity, siphon, pump). (Model) _____
- 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 Topsoil & Seed/Soil

USE PERMIT

Under Section 67 of the Environmental Protection Act, and subject to the provisions of the Act and Regulations a Permit is hereby issued to (Owner) Cyril Bakar for the use and operation of the Class 5 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 27 Concession 13 (Ward) Township/Municipality Franklin. Region/District/County MUSKOKA Plan No. _____ Sub-Lot No. _____

INSPECTED AND RECOMMENDED BY
[Signature]

PERMIT ISSUED BY
[Signature] DIRECTOR

DATE ISSUED
Nov. 14/89

Note: Section 64(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 121 of the Act provides that an applicant for a permit may appeal a decision to refuse to issue a permit. Written notice of appeal must be forwarded to the Director (who refused to issue the permit) and to the Environmental Appeal Board, 2300 Yonge Street, P.O. Box 2382, Suite 1201, Toronto, Ontario M4P 1E4 within 15 days of receipt of a permit.

WARNING: UNDER NO CIRCUMSTANCES SHOULD A HOMEOWNER ENTER A SEPTIC TANK. NOXIOUS GASES WHICH ARE HEAVIER THAN AIR REMAIN IN THE TANK AFTER THE TOP IS REMOVED, AND HAVE CAUSED DEATH BOTH TO THE ORIGINAL VICTIM AND TO THOSE WHO ATTEMPT TO RESCUE HIM FROM THE TANK.

LOVEGROVE HAULAGE

&

CONTRACTING LTD.

789-9290

RR#3 UTTERSON

NAME April Baker
116 Shaw Street Toronto M6S 2R5

DATE Oct 12 19 89

	HRS.	DETAILS	PRICE
BACKHOE			
BULLDOZER			
TRACK LOADER			
LOADER			
TANDEM			
SINGLE AXLE			
WATER TRUCK			
MISC.			

MATERIAL

FILL	SCREENED SAND
PIT RUN GRAVEL	WASHED SAND
PIT RUN SAND	BRICK SAND
2" CRUSHED	2" STONE
7-8" CRUSHED	1" STONE
5-8" CRUSHED	3/4" WASHED STONE
	ROOFING STONE

MISC. Install 2000 gal Tank on Property on Renn Lake.
3500⁰⁰

TONS PRICE
 YDS. PRICE

TOTAL > \$ 3500⁰⁰

SIGNATURE [Signature]

INVOICE # **NO 4269**

INVOICE

5-JUL 26
F-JUL 28

"YOUR SATISFACTION . . . OUR FUTURE"

MARSHALL WATER WELL DRILLING

A Division of 697949 Ontario Inc.

6" and 8" HOLES - WELL CASING INCLUDED

Box 100 - Hwy. No. 11
EMSDALE, Ontario

Ph: (705) 636-7774 or (705) 636-7448

Date July 28/88

MRS. L. BAKER
116 SHAW ST.
TORONTO, M6J-2W5

District MUSKOKA

Township FRANKLIN Lot 27 RP.

Concession 13 Plan PART 2.27 BR. 300

DRIVE SHOE	#65.00
DRILLING WITH CASING	#175.00
25' AT #27 FT.	
DRILLING IN ROCK	#1500.00
75' AT #20 FT.	
SUPPLY & INSTALL	
2-3' NIPPLES & 3 # PACKERS	#550.00
AT SEAM.	
WELL CAP	#24.00
15 GPM	
8' S.L.	
100' T.D.	
	<u>#2814.00</u>

J. Marshall.

Invoice to be paid on completion of work. Interest will be charged at 2% per month after 15 days. None payment within 30 days may result in legal action.

LOG OF OVERBURDEN AND BEDROCK MATERIALS (SEE INSTRUCTIONS)

GENERAL COLOUR	MOST COMMON MATERIAL	OTHER MATERIALS	GENERAL DESCRIPTION	DEPTH - FEET	
				FROM	TO
Brown	SAND GRAVEL	BOULDERS		0	24
Black	ROCK			24	100
	CRACKED ROCK	25 - 31'			

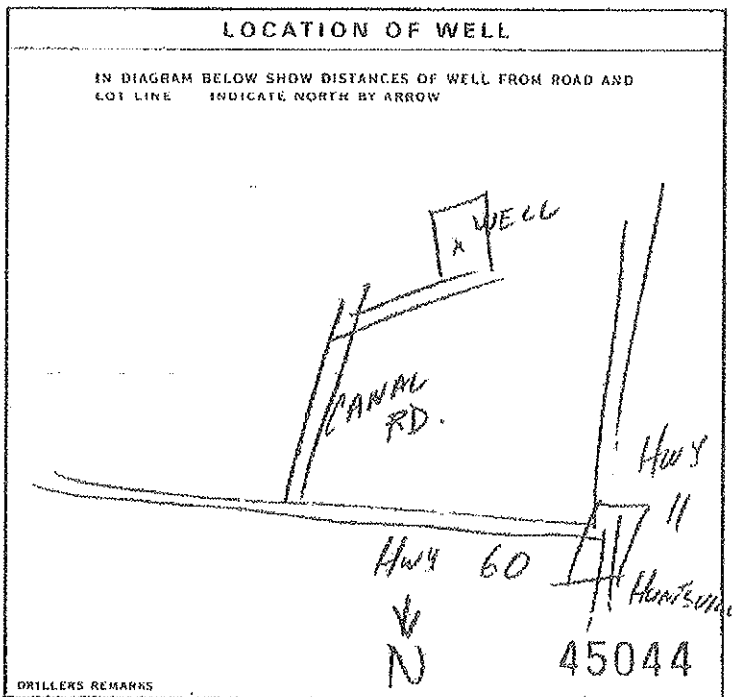
WATER RECORD	
WATER FOUND AT - FEET	KIND OF WATER
89	<input checked="" type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERALS <input type="checkbox"/> GAS
	<input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERALS <input type="checkbox"/> GAS
	<input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERALS <input type="checkbox"/> GAS
	<input type="checkbox"/> FRESH <input type="checkbox"/> SALTY <input type="checkbox"/> SULPHUR <input type="checkbox"/> MINERALS <input type="checkbox"/> GAS

CASING & OPEN HOLE RECORD				
INSIDE DIAM. INCHES	MATERIAL	WALL THICKNESS INCHES	DEPTH - FEET	
			FROM	TO
6 1/4	STEEL GALVANIZED CONCRETE OPEN HOLE PLASTIC	188	1.5	24
6	STEEL GALVANIZED CONCRETE OPEN HOLE PLASTIC		24	100

SCREEN	SIZE & NO. OF OPENING (SCOT NO.)	MATERIAL AND TYPE	DIAMETER		LENGTH	
			INCHES	FEET	INCHES	FEET
					24	

PLUGGING & SEALING RECORD			
DEPTH SET AT (FEET)		MATERIAL AND TYPE	(CEMENT GROUT LEAD PACKER ETC.)
FROM	TO		
25	31	PAVING	

PUMPING TEST	PUMPING TEST METHOD		PUMPING RATE		DURATION OF PUMPING		
	<input checked="" type="checkbox"/> PUMP	<input type="checkbox"/> AIR	<input type="checkbox"/> BAILER	15 GPM	1 HOURS	10 MIN	
	STATIC LEVEL	WATER LEVEL END OF PUMPING	WATER LEVELS DURING				
	8 FEET		15 MINUTES	30 MINUTES	45 MINUTES	60 MINUTES	
			FEET	FEET	FEET	FEET	
IF FLOWING GIVE RATE	PUMP INTAKE SET AT	WATER AT END OF TEST					
	95 FEET	<input type="checkbox"/> CLEAR	<input checked="" type="checkbox"/> CLOUDY				
RECOMMENDED PUMP TYPE	RECOMMENDED PUMP SETTING	RECOMMENDED PUMPING RATE					
<input type="checkbox"/> SHALLOW <input checked="" type="checkbox"/> DEEP	95 FEET	6 GPM					



FINAL STATUS OF WELL	<input checked="" type="checkbox"/> WATER SUPPLY <input type="checkbox"/> OBSERVATION WELL <input type="checkbox"/> TEST HOLE <input type="checkbox"/> RECHARGE WELL	<input type="checkbox"/> ABANDONED INSUFFICIENT SUPPLY <input type="checkbox"/> ABANDONED POOR QUALITY <input type="checkbox"/> UNFINISHED <input type="checkbox"/> DOWATERING
WATER USE	<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> STOCK <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> PUBLIC SUPPLY <input type="checkbox"/> COOLING OR AIR CONDITIONING <input type="checkbox"/> NOT USED
METHOD OF CONSTRUCTION	<input type="checkbox"/> CABLE TOOL <input type="checkbox"/> ROTARY (CONVENTIONAL) <input type="checkbox"/> ROTARY (REVERSE) <input checked="" type="checkbox"/> ROTARY (AIR) <input checked="" type="checkbox"/> AIR PERCUSSION	<input type="checkbox"/> BORING <input type="checkbox"/> DIAMOND <input type="checkbox"/> JETTING <input type="checkbox"/> DRIVING <input type="checkbox"/> DIGGING <input type="checkbox"/> OTHER

CONTRACTOR	NAME OF WELL CONTRACTOR	WELL CONTRACTOR'S LICENCE NUMBER
	J. MARSHALL & SON	3678
	ADDRESS	
	Box 119 EMSDALE, ONT.	
CONTRACTOR	NAME OF WELL TECHNICIAN	WELL TECHNICIAN'S LICENCE NUMBER
	J. MARSHALL	7-0507
	SIGNATURE OF TECHNICIAN/CONTRACTOR	EXPIRES DATE
	J. Marshall	DAY 17 NO 8 YR 98

OFFICE USE ONLY	