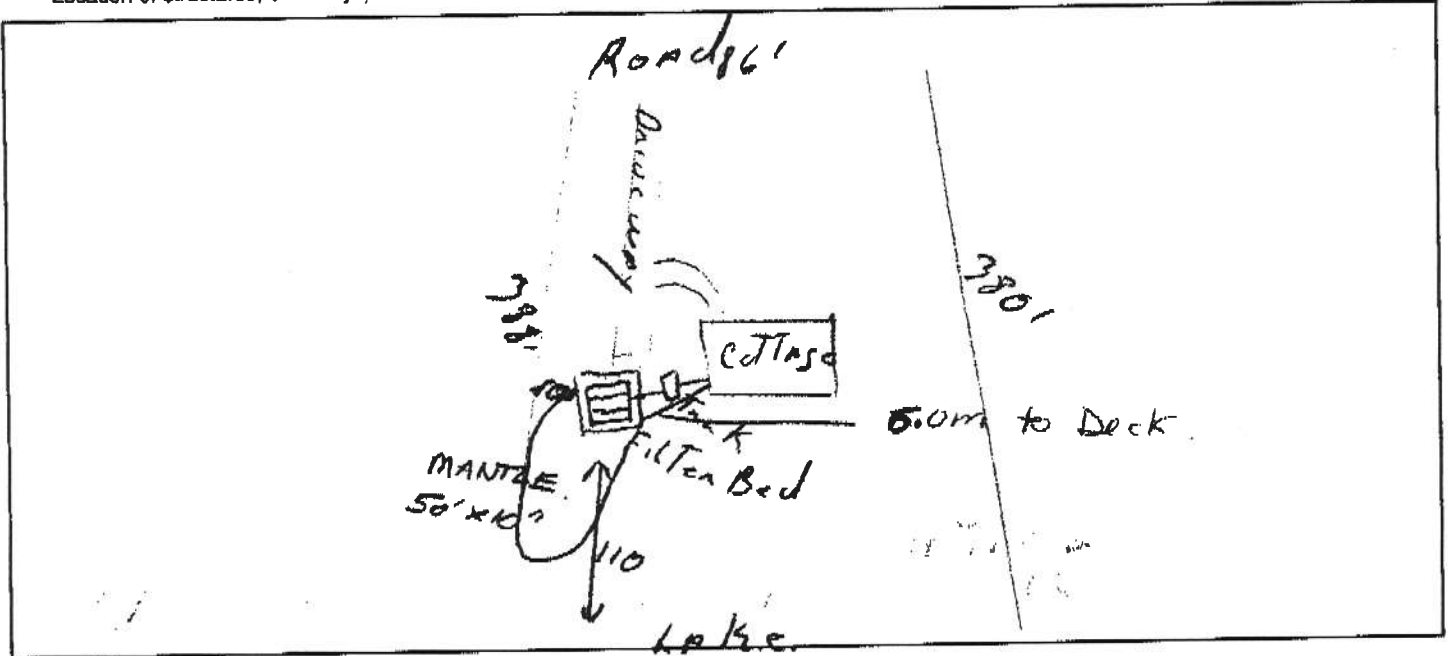


LOT DIAGRAM AND SEWAGE SYSTEM PLAN

The following site plan must include:

- All existing and proposed buildings and structures on the property, including clearance distances (i.e. tank to house, house to bed);
- Setbacks to property lines; neighboring, existing and proposed wells;
- Water courses, run-off ditches, swales, rock outcrops;
- Suitable location for septic system, including design layout;
- Indicate slopes on property, north direction; and
- Location of structures, driveways, easements, R.O.W., road allowances, etc.

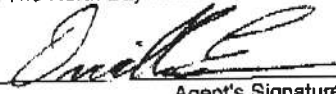


IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE CONSERVATION AUTHORITY, IN WRITING, OF ANY CHANGES TO THIS APPLICATION PRIOR TO CONSTRUCTION.

I agree to comply with the provisions of Ontario Regulation 403 / 976 and the building and zoning regulations of the municipality and all amendments thereto. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the North Bay-Mattawa Conservation Authority shall in any way relieve me from my responsibility for carrying out the work in accordance with the regulations and by-laws mentioned above. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Conservation Authority when the permit is issued.

Applicants are responsible to ensure that the information provided is true and accurate. The North Bay-Mattawa Conservation Authority will not be held responsible for incorrect information provided to it by an applicant.

Owner's Signature

OR 
Agent's Signature

Date

May 24/00
Date

COMMENTS

THE CONSERVATION AUTHORITY WILL RETURN ALL APPLICATIONS WHICH ARE INCOMPLETE OR UNSIGNED.

SITE EVALUATION APPROVAL
This Site Evaluation Approval is hereby issued under Section 8(1) of the Building Code Act, for the proposal as outlined on Page 1, 2 and 3 of the application and its attachments as amended provided that the sewage system shall be completed and the Substantial Completion of the Installation and the Site Evaluation Completion are issued within 12 months of the issue hereof or such extended period as the D.S.S.I./D.D.S.S.I. allows. **DO NOT OPERATE THE SYSTEM UNTIL A SUBSTANTIAL COMPLETION OF INSTALLATION HAS BEEN APPROVED.**

inspected and recommended by: <i>B. Bunsword</i> D.S.S.I.	Issued: D.D.S.S.I.	Date: <i>June 19, 2000</i>
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Ministry of the Environment

WATER WELL RECORD

Print only in spaces provided. Mark correct box with a checkmark, where applicable.

PL 13392

County or District <i>PARRIS SOUND</i>	Township/Borough/City/Town/Village <i>MACHAR</i>	Con block tract survey, etc. <i>62 R 177</i>	Lot <i>10</i>
Owner's surname <i>SANGUINETTI</i>	First Name <i>PETER</i>	Address <i>1843 MARCHMONT RD. 2002 GLENDA L3W6L2 250 PARRIS SOUND MACHAR TWP</i>	Date completed <i>27</i> day <i>11</i> month <i>99</i> year

LOG OF OVERBURDEN AND BEDROCK MATERIALS (see instructions)				Depth - feet	
General colour	Most common material	Other materials	General description	From	To
<i>Grey</i>	<i>BOULDER</i>			<i>1</i>	<i>3 1/2</i>
<i>Brown</i>	<i>GRAVEL</i>			<i>3 1/2</i>	<i>6</i>
<i>Light Pink</i>	<i>GRANITE</i>			<i>6</i>	<i>340</i>

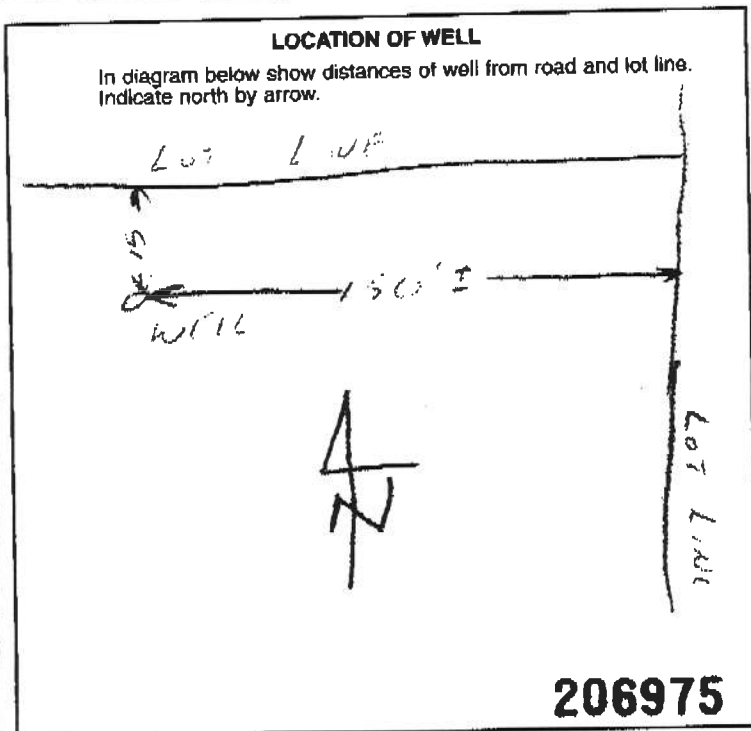
WATER RECORD	
Water found at - feet	Kind of water
<i>FRAC 32</i>	<input type="checkbox"/> Fresh <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Minerals <input type="checkbox"/> Gas
<i>150</i>	<input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Minerals <input type="checkbox"/> Gas
	<input type="checkbox"/> Fresh <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Minerals <input type="checkbox"/> Gas
	<input type="checkbox"/> Fresh <input type="checkbox"/> Sulphur <input type="checkbox"/> Salty <input type="checkbox"/> Minerals <input type="checkbox"/> Gas

CASING & OPEN HOLE RECORD				
Inside diam inches	Material	Well thickness inches	Depth - feet	
			From	To
<i>6</i>	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> Concrete <input type="checkbox"/> Open hole <input type="checkbox"/> Plastic	<i>.188</i>	<i>0</i>	<i>20</i>

Screen	Sizes of opening (Slot No.)	Diameter inches	Length feet
	Material and type		Depth at top of screen feet

PLUGGING & SEALING RECORD		
<input type="checkbox"/> Annular space		<input type="checkbox"/> Abandonment
Depth set at - feet		Material and type (Cement grout, bentonite, etc.)
From	To	

Pumping test method <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Bailor	Pumping rate GPM	Duration of pumping Hours <i>2</i> Mins
Static level <i>31</i> feet	Water level end of pumping <i>150</i> feet	Water levels during <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Recovery
		15 minutes <i>76</i> feet 30 minutes <i>140</i> feet 45 minutes <i>146</i> feet 60 minutes <i>150</i> feet
If flowing give rate GPM	Pump intake set at feet <i>150</i>	Water at end of test <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy
Recommended pump type <input type="checkbox"/> Shallow <input checked="" type="checkbox"/> Deep	Recommended pump setting feet <i>150</i>	Recommended pump rate GPM <i>8</i>



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, inefficient supply <input type="checkbox"/> Abandoned, poor quality <input type="checkbox"/> Abandoned (Other) <input type="checkbox"/> Dewatering	<input type="checkbox"/> Unfinished <input type="checkbox"/> Replacement well
WATER USE		
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Municipal <input type="checkbox"/> Public supply <input type="checkbox"/> Cooling & air conditioning	<input type="checkbox"/> Not use <input type="checkbox"/> Other
METHOD OF CONSTRUCTION		
<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary (conventional) <input type="checkbox"/> Rotary (reverse) <input 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

Name of Well Contractor <i>P.R. RAWENNE</i>	Well Contractor's Licence No. <i>3803</i>
Address <i>Box 364 BURKS FALLS</i>	
Name of Well Technician <i>W BUTLER</i>	Well Technician's Licence No. <i>T-1825</i>
Signature of Technician/Contractor <i>W Butler</i>	Submission date <i>17</i> mo <i>12</i> yr

MINISTRY USE ONLY
