OUR NUMBER	104189
DATE	27th MARCH 2015
CUSTOMER'S ORDER	

SOLD TO	Elizabeth Murdoch
ADDRESS	3901 60th St N.W Cleneden B.C

SHIP TO	RHINO ENVIRONMENTAL SERVICES
ADDRESS	2848 Schmid Road Sorrento BC V0E 2W1

TAX REG. NO	SALESPERSON	FOB	TERMS	VIA
810916790RT0001	OML			

QUANTITY	DESCRIPTION	PRICE	AMOUNT
7 HRS	To locate and excavate 800 IG septic tank Singe Chamber.	$ 75	$ 525
	NOTE – Septic Tank levels normal no evidence of a leak. Tank to be pumped and cleaned monday 30th MARCH 2015		
1	Sewage permit search with interior Health Authority	$ 50	$ 50
		GST	$ 28 75
		PST	
		TOTAL	$ 603.75

Blueline DC172

INVOICE

94/140.

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

REVISED. PERMIT.

322-03055.145.
#140 Murdock.

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		OWNER'S NAME	
P. Clark		Frank Murdock	
LEGAL DESCRIPTION AND STREET ADDRESS		OWNER'S ADDRESS	
Lot 10, Plan 44233 Sec. 19 Tp 20, Rg. 10, W6M.	POSTAL CODE / APPLICANT'S PHONE	c/o Box 122, Blind Bay	POSTAL CODE: V0E-1H0 / OWNER'S PHONE: 675-2501.

TYPE OF PREMISES SERVED

☑ SINGLE FAMILY DWELLING ☐ DUPLEX ☐ OTHER, SPECIFY:

ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS): 3 bdrms	DIMENSIONS OF LOT	LOT AREA: 3 acres.	
DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE: 710'	SEPTIC TANK (NAME, IF PREFABRICATED): Castall	MATERIAL: Conc.	LIQUID CAPACITY: 800 Gal.
TYPE OF ULTIMATE DISPOSAL ☐ CONVENTIONAL SYSTEM ☑ ALTERNATE (DESCRIBE)	TOTAL LENGTH OF DISPOSAL PIPE	TYPE OF PIPE: ~~PVC~~ Conc.	INSIDE DIAMETER OF PIPE: 36"

DISTANCES FROM SOURCES OF DOMESTIC WATER: 100 feet FROM OWN (well) | 100 feet+ FROM NEIGHBOUR'S | 100'+ FROM STREAM OR LAKE

IF A PACKAGE TREATMENT PLANT IS PROPOSED — MAKE AND MODEL: N/A. — 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.

Sept. 22/94. — DATE OF APPLICATION
P Clark. — 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

Drywell system consisting of ~~an 11 Ft~~ foot square excavation 10 feet deep with two 96" I.Diam rings (48" deep) stacked. Keep drywell a minimum of 100 feet from all domestic wells and any creek.

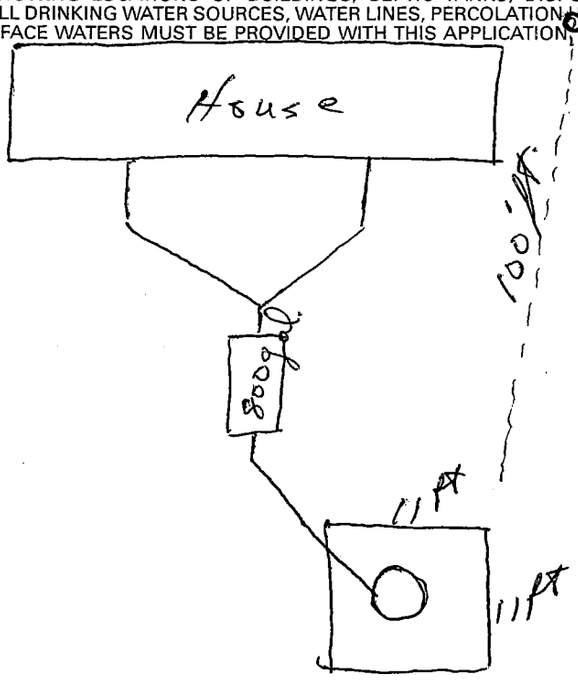
Sept. 22/94 — DATE OF ISSUANCE
Brian Gregory — MEDICAL HEALTH OFFICER OR PUBLIC HEALTH INSPECTOR

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: Soil: Sandy soil & gravel (many large cobbles)

BACKFILLING AND USE AUTHORIZED ☑ YES ☐ NO — DATE: Sept. 29/94
Brian Gregory
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.



INSERT NORTH ARROW

PERC RATES

PAID $250.00 — DATE May 30/94 — Rec'd by L. McMillan. — NORTH OKANAGAN HEALTH UNIT — Rec# 951521J

322.03055.145

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

#140 #140 MURDOCK.

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 (3901 - 60 St. N.W.)

APPLICANT'S FULL NAME		OWNER'S NAME	
P Clark		Frank Murdock	
LEGAL DESCRIPTION AND STREET ADDRESS		OWNER'S ADDRESS	
Lot 10 Pl Kap 44233 Sec 19 Twp 20 Rg 10 W6M Bettles Sub.		c/o Box 122 Blind Bay	
POSTAL CODE	APPLICANT'S PHONE	POSTAL CODE	OWNER'S PHONE
	835-4386		675-2501

TYPE OF PREMISES SERVED

☑ SINGLE FAMILY DWELLING ☐ DUPLEX ☐ OTHER, SPECIFY: 3901 - 60 St NW

ESTIMATED TOTAL DAILY SEWAGE FLOW (REFER TO APPENDIX 1 OF REGULATIONS FOR MINIMUM FLOWS)	DIMENSIONS OF LOT	LOT AREA
3 Bdrm		3 Acres

DEPTH OF SOIL TO HARDPAN, BEDROCK OR HIGHEST WATER TABLE	SEPTIC TANK (NAME, IF PREFABRICATED)	MATERIAL	LIQUID CAPACITY
20+ ft	Cast All	Concrete	800 gal

TYPE OF ULTIMATE DISPOSAL	TOTAL LENGTH OF DISPOSAL PIPE	TYPE OF PIPE	INSIDE DIAMETER OF PIPE
☑ CONVENTIONAL SYSTEM ☐ ALTERNATE (DESCRIBE)	300' 220' Req.	PVC	3"

DISTANCES FROM SOURCES OF DOMESTIC WATER

100'+ FROM OWN well 100'+ FROM NEIGHBOUR'S (well) N/A 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.

May 30/94 — DATE OF APPLICATION

P Clark — 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

Field System consisting of 220 feet of perforated pipe with 2 foot rock underlay. 800 gal. tank. Keep field 100 feet from all wells (including neighbours). ← minimum.

June 3/94 — DATE OF ISSUANCE

Brian Gregory — 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

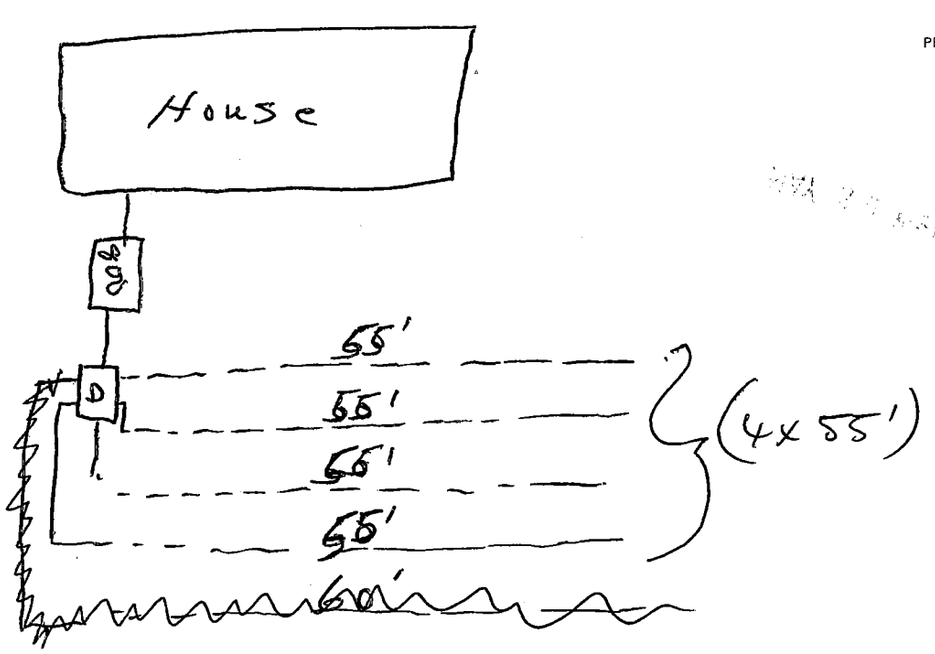
Soil: Sandy soil, and gravel (many large cobbles)

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.

INSERT NORTH ARROW



PERC RATES _____

PAID 250.00 DATE May 30/94 95-5321

NORTH OKANAGAN HEALTH UNIT

HLTH 135 REV 91/12

COPY 1 — HEALTH DISTRICT COPY 2 — LOCAL GOVERNMENT COPY 3 — APPLICANT

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: Drywell system consisting of an 11 foot square excavation, 10 feet deep with two 36" I. Diam. by 48" deep rings stacked. Keep dry well a minimum of 100 feet from any domestic well and creek.

DATE PERMIT VALID: Sept. 22/94

SIGNATURE OF PUBLIC HEALTH INSPECTOR / DHO: Brian Gregory (3901 - 60 St. N.W.).

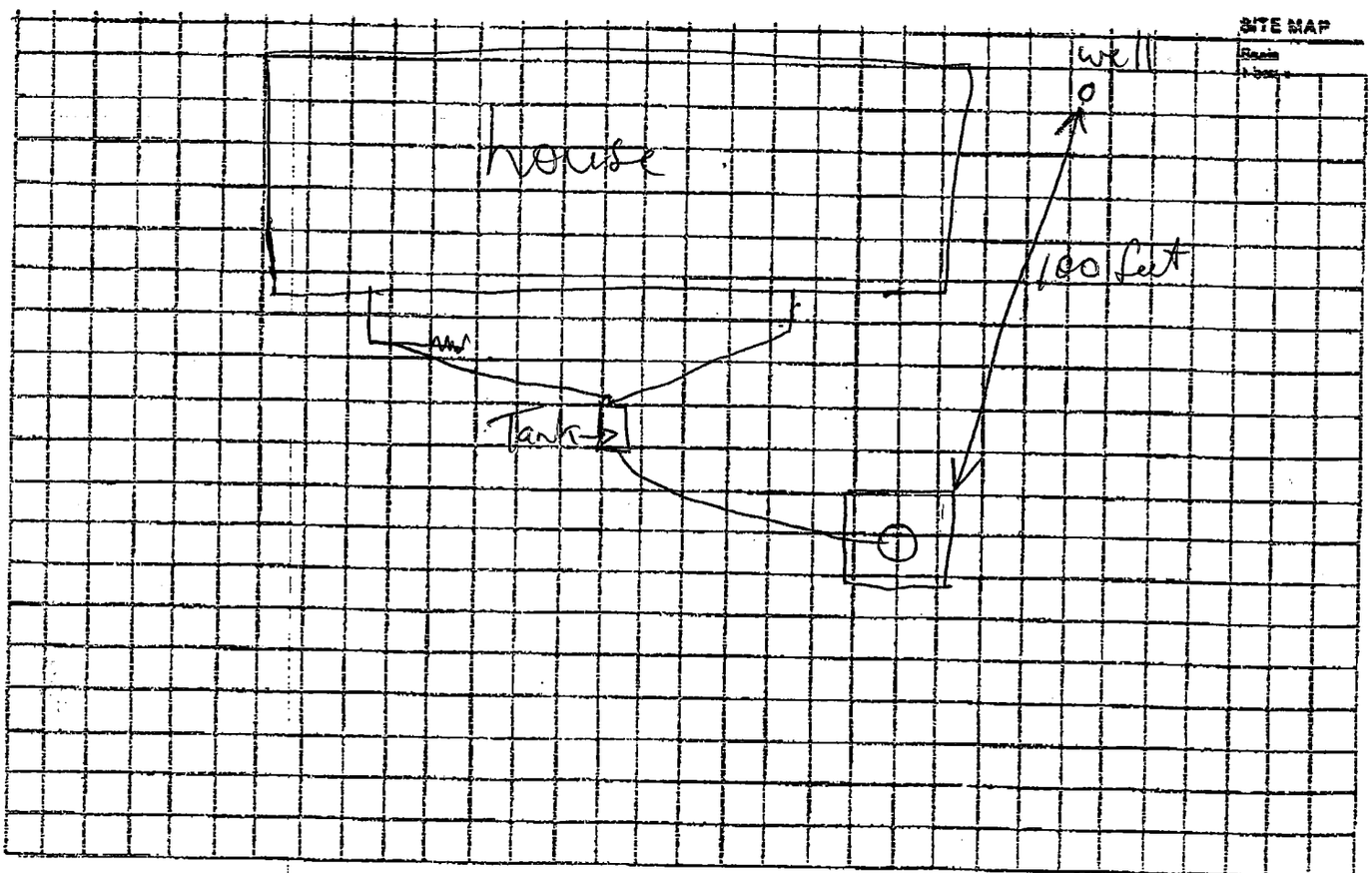
NOTICE

This notice must be posted in a conspicuous place on the parcel for which the permit is issued not more than 3 days after the date the permit is issued and must remain posted for 30 consecutive days from the date the permit is issued.

Persons who consider themselves aggrieved by a decision made under the Sewage Disposal Regulation are eligible to file an appeal under section 8 (3) (a) of the *Health Act*.

A Notice of Appeal must be delivered by hand, facsimile or registered mail to the Chair of the Environmental Appeal Board, Parliament Buildings, Victoria, B.C. V8V 1X4 within 30 days of the issuance of the permit. Please contact your local Health Unit for information on appeal procedures.

SITE MAP



HLTH 126 Rev. 94/08

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

SEWAGE DISPOSAL REGULATIONS
INSPECTION OF SEWAGE DISPOSAL SYSTEM

Salmon Arm, B.C.

Sept 29 19 94

(MURDOCK)

THIS IS TO CERTIFY THAT THE SEWAGE DISPOSAL SYSTEM ON:

Lot 10 Plan 44233
Bethes Subd.

BACKFILLING AND USE IS AUTHORIZED.

WARNING: PROPERLY USED AND MAINTAINED, A SEWAGE DISPOSAL SYSTEM WILL PROVIDE SATISFACTORY SERVICE FOR A CONSIDERABLE LENGTH OF TIME. ABUSE AND NEGLIGENCE ON THE PART OF THE USER COULD SIGNIFICANTLY SHORTEN THE LIFE OF THE SYSTEM.

(Pump tank every 3 yrs)

Brian Hogan
ENVIRONMENTAL HEALTH OFFICER

LTH 136 93/04