



HEALTH PROTECTION AND ENVIRONMENTAL SERVICES 355 – 11th Street Courtenay, BC V9N 1S4 Ph: 250-331-8518; Fax: 250-331-8596 Email: HPES.Courtenay@islandhealth.ca

REQUEST FOR RELEASE OF INFORMATION (FOI Request for Release of Information Not Required)

Name: DENHAM JANE (Last name) (First Name) Mailing Address: 282 ANDERTON ROAD, COMOX, BC V9M 1Y2 (Including Street, City & Postal Code) Daytime Telephone: 250-339-2021 Alternate Telephone: 250-898-1220 Fax: 250-339-5529 Email: jane@janedenham.com Payment Type: RE/MAX-visa on file Payment Amount: Receipt Number:

RECORDS REQUESTED:

Please provide any sewage and general info you may have on file. Please email to jane@janedenham.com.

Folio/Number (Tax Assessment Roll Number): 771-01974055

Legal Description (Sewage Filing): LOT 11, PLAN VIP471, DISTRICT LOT 115, COMOX LAND DISTRICT

Street Address/Location: 156 Butchers Rd, Comox, BC, V9m 3X1

I DO NOT REQUIRE ANY PERSONAL INFORMATION FROM THE ABOVE DOCUMENT.

Additional comments or specific concerns:

Signature: [Signature] Date: May 16, 2024

Personal information contained within these documents has been removed in order to protect third party personal information. The Vancouver Island Health Authority has removed this information prior to public release in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.

Reviewed by Health Protection & Environmental Services (Signature :) [Signature]

Receipt # 112698 4 Pages Released No septic records on file Date: May 16, 2024

Neither VIHA nor any of its employees warrant or guarantee the accuracy of completeness of the above information. The information is provided on the condition that neither VIHA nor any of its employees shall be liable for any charge or expense incurred by you in the event that the information is inaccurate or incomplete, howsoever caused, including if caused by the negligence of VIHA or its employees.

FOR MORE INFORMATION A "REQUEST FOR THE RELEASE OF NON-PATIENT RECORDS" FORM MAY BE FILLED OUT.

Att: Chris Kelsey

Environmental Health
941B England Avenue
Courtenay, B.C.
V9N 2N7
Phone: 334-1172 Fax: 334-1439

Environmental Health
204, 1040 Shoppers Row
Campbell River, B.C.
V8W 2C6
Phone: 286-7732 Fax: 286-7706

Building Inspections 4-2335
Regional District of Comox Strathcona
4795 Headquarters Environmental Health
P.O. Box 3370
Courtenay, B.C. V9N 5N5
Phone: 334-6000
RECEIVED
OCT 04 1997

- EXPECTED OCCUPANCY INCREASE
- BUILDING EXTENSION
- CHANGE IN USE
- OTHER

LEGAL DESCRIPTION (as applicable)	PCL	LOT	D.L.	BLK.	SEC.	TWP.	LAND DISTRICT	PLAN NO.
		11	115				COMOX DISTRICT 471	

HOUSE NUMBER 156 STREET BUTCHERS ROAD CITY: COMOX

LOT DIMENSIONS: 150 X 300' LOT AREA: 1 ACRE RESTRICTIVE COVENANTS AFFECTING THE PROPOSAL: YES, INCLUDE COPY NO

ASSESSMENT ROLL OR FOLIO NUMBER: 771-01974-055 OWNER'S NAME: SU

EXISTING DWELLING DETAILS: Total Floor Area: 2800 sq' Year Constructed: 1990 Mailing Address: 15

Total Bedrooms: 3 Year Renovated: _____ CITY: _____ POSTAL CODE: _____ PHONE: _____

EXISTING SEWAGE DISPOSAL SYSTEM: Year Installed: 1990 Permitted Copy Attached AGENT'S NAME: CI

Date of Last Alteration or Repair: _____ Mailing Address: _____ CITY: _____ POSTAL CODE: _____ PHONE: _____

Nature of Work: _____

PROPOSAL (nature and extent of building modifications): Total Bedrooms _____ Finished Floor Area 350 sq'

BOAT HOUSE

PLOT PLAN: (the following information must be transferred on a copy of the survey certificate plan or representative scale diagram):

- Lot Dimensions
- North Arrow
- Roads/Intersections
- Access from road
- Accessory Buildings
- Setback distances between all the above existing and proposed site features.
- Existing and proposed water-serviced buildings.
- Proposed area of building expansion (show dotted lines)
- Existing and proposed drinking water sources and waterlines.
- Size and configuration of existing sewage disposal system(s).
- All surface water bodies and drainage courses.

AGREEMENT: I, the undersigned, being the owner/agent of the above described property hereby certify that the information provided is correct.

DATE: Oct. 1, 1997. SIGNATURE OF OWNER AGENT: Chris Kelsey

ENVIRONMENTAL HEALTH OFFICE USE:

DATE(S)	EHO	OBSERVATIONS:
<u>Oct 7/97</u>	<u>82</u>	<u>no obvious sign of SDS malfunction. Boat house should not impact the system.</u>

PROPOSAL Approved Subject to the following (complete) Denied

- Demonstrate the adequacy of the existing Sewage Disposal System (complete)
- Pump out septic tank and verify capacity and state of repair.
- Expose the full trench profile of both outside laterals and report total pipe length.
- Excavate two 4 foot test holes and conduct two percolation soil tests adjacent to the area of the existing disposal field and report the results.

Other: _____

Sewage Disposal Permit required for system Alteration Replacement

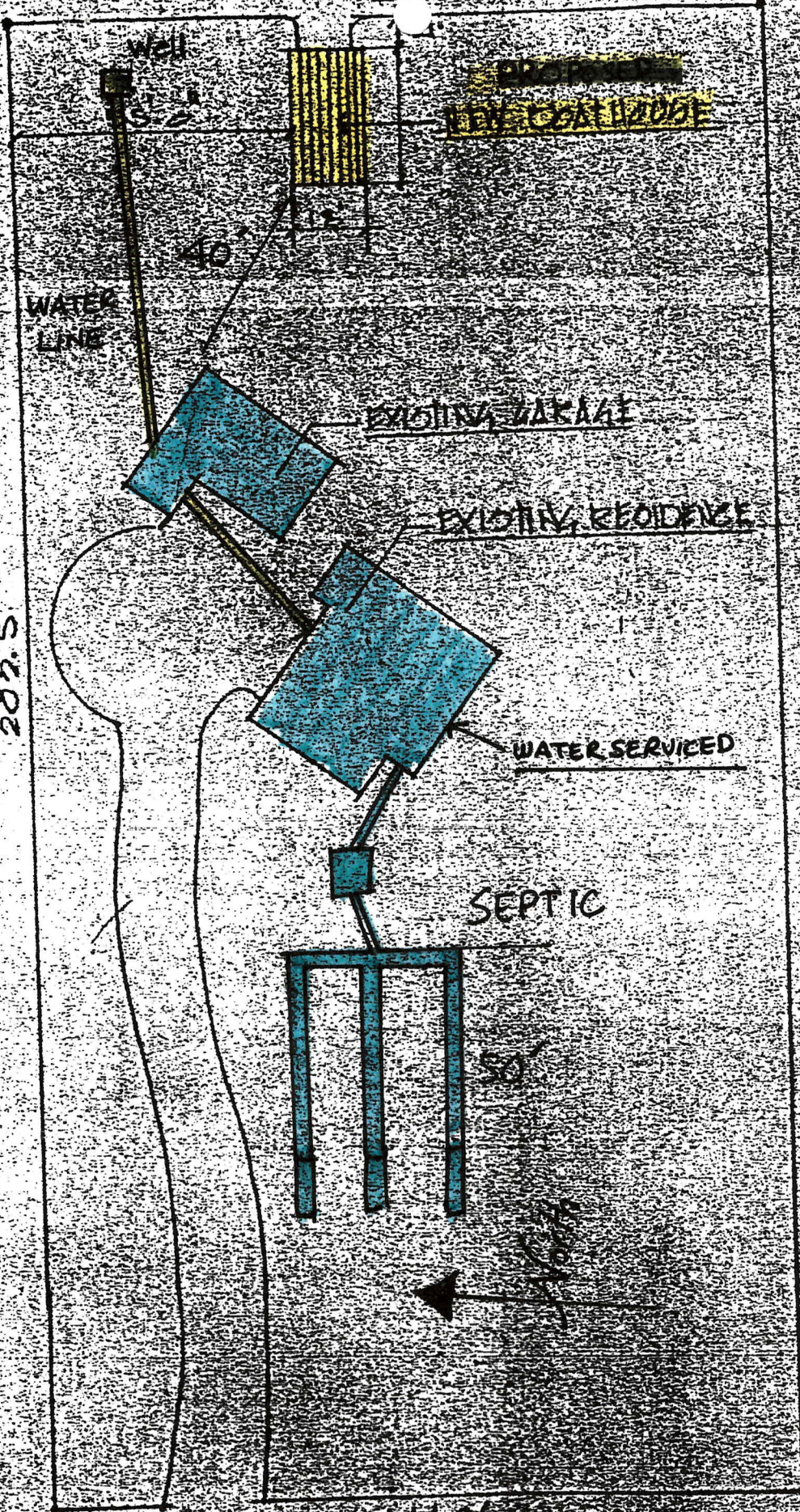
- Conditions Building extension not to encroach within _____ feet of existing sewage disposal system and _____ feet from tank.
- Building occupancy not to exceed the approved sewage disposal design capacity of _____ bedrooms in total.

Other: _____

Chwayne Strud
Environmental Health Officer
Oct 8/97
Date

RESPONSE: FAX MAIL PHONE PICKUP DATE COMPLETED Oct 8/97
Building Dept. Applicant Other

285.5



PROPOSED DRIVEWAY

PROPOSED DRIVEWAY
RECEIVED
DEC 02 1997

EXISTING DRIVEWAY

EXISTING RESIDENCE

WATER SERVICED

SEPTIC

SITE PLAN
SCALE 1/32" = 1'-0"
LEGAL DESCRIPTION
LOT 11 D.L. 115 C.D.P. 11

NEW DOA

BUTCHERS

144.5'



Province of
British Columbia

Ministry
Health
PUBLIC HEALTH
INSPECTION

SEWAGE DISPOSAL REGULATIONS INSPECTION OF SEWAGE DISPOSAL SYSTEM

_____ Courtenay, _____ B.C.

_____ October 26, _____ 19 90

THIS IS TO CERTIFY THAT THE SEWAGE DISPOSAL SYSTEM ON:

Lot 11, District Lot 115, Plan 471,
Comox District

771-01974.055

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.

FINAL APPROVAL SUBJECT TO RECEIPT OF AS-BUILT DRAWINGS

_____ for MEDICAL HEALTH OFFICER



Province of British Columbia

Ministry Health PUBLIC HEALTH INSPECTION

#238

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

Form with fields for APPLICANT'S FULL NAME (ED BELL), LEGAL DESCRIPTION AND STREET ADDRESS (LOT 11, DIST. LOT 115, PLAN 471), APPLICANT'S PHONE (337-8844), TYPE OF PREMISES SERVED (SINGLE FAMILY DWELLING), ESTIMATED TOTAL DAILY SEWAGE FLOW (300 GALS), SEPTIC TANK (HYLAND PRECAST), MATERIAL (CONCRETE), LIQUID CAPACITY (600 GAL), DATE OF APPLICATION (July 13, 1990), and SIGNATURE OF OWNER OR AGENT (Ed Bell).

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.

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 section with handwritten notes: 1) STANDARD INSTALLATION OF 150' PERFORATED PIPE, 2) AS PER MINISTRY SPECIFICATIONS. Includes date of issuance (90-07-13) and signature of Medical Health Officer (V. W. Thomas).

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 section with handwritten note: 'final approval subject to receipt of as-built drawings'. Includes signature of Medical Health Officer (W. H. Adams) and date (October 1990).

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.



PAID \$200.00 JUL 13 1990 receipt # 456979 L. Adamschek