

CONSENT / SEVERANCE

File Number BNPL2016327  
 Related File Number \_\_\_\_\_  
 Pre-consultation Meeting On AUG 24 / 16  
 Application Submitted On OCT 31 / 16  
 Complete Application On OCT 31 / 16

Application Fee \$1535  
 Conservation Authority Fee \$226  
 OSSD Form Provided yes  
 Sign Issued \_\_\_\_\_

This development application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application may not be accepted and could result in processing delays.

Property assessment roll number: 3310- 54102017000& 54102017025

- |  |   |
|--|---|
| <input type="checkbox"/> Creation of a new lot             | <input checked="" type="checkbox"/> Boundary adjustment |
| <input type="checkbox"/> Surplus Dwelling                  | <input type="checkbox"/> Easement                       |
| <input type="checkbox"/> Farm Split (form to be completed) | <input type="checkbox"/> Right-of-way                   |
| <input type="checkbox"/> Other (lease / charge)            |   |

**A. APPLICANT INFORMATION**

Name of Applicant <sup>1</sup> Voth Sales and Services Inc Phone # 519-842-7200  
 Address 66 County Road 13 Fax # \_\_\_\_\_  
 Town / Postal Code Courtland ON NOJ 1E0 E-mail frank@vothsales.com

<sup>1</sup> If the applicant is a numbered company provide the name of a principal of the company.  
Frank Voth

**AGENT INFORMATION**

Name of Agent Civic Planning Solutions Inc. Phone # 519-582-1174  
David Roe  
 Address 599 Larch St. Fax # \_\_\_\_\_  
 Town / Postal Code Delhi, ON N4B 3A7 E-mail dfrfez@bellnet.ca

**OWNER(S) INFORMATION** Please indicate name(s) exactly as shown on the Transfer/Deed of Land

Name of Owners <sup>2</sup> Salcin Haulage Inc. Phone # 519-521-4581  
 Address P.O. Box 546 Fax # \_\_\_\_\_  
 Town / Postal Code Courtland ON NOJ 1E0 E-mail \_\_\_\_\_

<sup>2</sup> It is the responsibility of the owner or applicant to notify the Planner of any changes in ownership within 30 days of such a change.

Murray McLaughlin President

Please specify to whom all communications should be sent <sup>3</sup>: ☐ Applicant ☒ Agent ☐ Owner

<sup>3</sup> Unless otherwise directed, all correspondence, notices, etc., in respect of this development application will be forwarded to the Applicant noted above, except where an Agent is employed, then such will be forwarded to the Applicant and Agent.

Names and addresses of any holders of any mortgagees, charges or other encumbrances on the subject lands:

\_\_\_\_\_  
 \_\_\_\_\_



**B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS**

Geographic Township	<u>Middleton</u>	Urban Area or Hamlet	<u>Courtland</u>
Concession Number	<u>1 NTR</u>	Lot Number(s)	<u>Parts 162 and 163</u>
Registered Plan Number		Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)	<u>136m</u>	Depth (metres/feet)	<u>393m</u>
Width (metres/feet)	<u>Max. 504m</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>15.8ha</u>
Municipal Civic Address	<u>50 County Road 13</u>		

For questions regarding requirements for a municipal civic address please contact [NorfolkGIS@norfolkcounty.ca](mailto:NorfolkGIS@norfolkcounty.ca).

To obtain your municipal civic address for the severed lands please contact your local building inspector.

Are there any easements or restrictive covenants affecting the subject lands?

☐ Yes

☐ No

IF YES, describe the easement or covenant and its effect:

**C. PURPOSE OF DEVELOPMENT APPLICATION**

Please explain what you propose to do on the subject lands/premises which makes this development application necessary (if additional space is required, please attach a separate sheet):

Boundary adjustment severance - add lands to adjoining property  
to permit expansion of business

Name of person(s), if known, to whom lands or interest in lands is to be transferred, leased or charged (if known):

Voth Sales and Service Inc.

If a boundary adjustment, identify the assessment roll number and property owner of the lands to which the parcel will be added:

3310 54102017035

If the application involves the severance of a surplus farmhouse (through farm amalgamation), please list all properties in Norfolk County, which are owned and farmed by the applicant and involved in the farm operation:

Owners Name and Address (including those with part interest) Assessment Roll No. (obtained from your tax bill)		Geographic Township Concession and Lot #	Total Acreage (individual property)	Acres Workable (individual property)	Existing Farm Type (individual property e.g. corn production, orchard, tobacco)	Dwelling Present	Year Dwelling Built
SUBJECT LANDS						<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the application proposes to divide a farm into two smaller agricultural parcels, please complete the following:

Description of Land	Lands to be Severed	Lands to be Retained
Area under cultivation	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)
Woodlot area	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)
Existing crops grown (type and area)		
Proposed crops grown (type and area)		

Description of Existing Buildings	Lands to be Severed	Lands to be Retained
Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Livestock barn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of livestock		
Capacity of barn		
Manure storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of manure storage		

Description of land intended to be SEVERED:

Frontage (metres/feet)	<u>Nil</u>	Depth (metres/feet)	<u>77m</u>
Width (metres/feet)	<u>202m and 181m</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>1.57ha</u>
		PROPOSED FINAL LOT SIZE (if boundary adjustment)	<u>3.1ha</u>

Existing use: vacant industrial land

Proposed use: industrial use



Number and type of buildings and structures **EXISTING** on the land to be severed, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

vacant industrial lands

Number and type of buildings and structures **PROPOSED** on the land to be severed, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

expansion of existing building on adjoining lands

details to be included in site plan tbs

Description of land intended to be **RETAINED**:

Frontage (metres/feet)	<u>136m</u>	Depth (metres/feet)	<u>393m</u>
Width (metres/feet)	<u>max. 504m</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>14.3ha</u>

Existing use: industrial

Proposed use: industrial

Number and type of buildings and structures **EXISTING** on the land to be retained, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

Number and type of buildings and structures **PROPOSED** on the land to be retained, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

nothing new

Description of proposed **RIGHT OF WAY/EASEMENT**:

Frontage (metres/feet)	<u>20m</u>	Depth (metres/feet)	<u>184m</u>
Width (metres/feet)	<u>20m</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> )	<u>3680.8m<sup>2</sup></u>

Proposed use: to provide road access for severed parcel and adjoining  
property owned by Voth Sales and Services Inc.

#### D. PROPERTY INFORMATION

Present official plan designation(s): Industrial Business Park

Present zoning: MG and MG(H) also HL (along drain)

Is there a site specific zone on the subject lands?

14.359, 534-NO-00-SP, 2014-97, 6-SP-2001



CONSENT / SEVERANCE

Has the owner previously severed any lands from this subject land holding or any other lands the owner has interest in since August 24, 1978?

☒ Yes ☐ No ☐ Unknown

If yes, indicate the file number and the status/decision: 2008 approved

Has any land been severed from the parcel originally acquired by the owner of the subject lands?

☐ Yes ☐ No ☒ Unknown

If yes, indicate the file number and the status/decision: \_\_\_\_\_

Number of separate parcels that have been created: \_\_\_\_\_

Date(s) these parcels were created: \_\_\_\_\_

Name of the transferee for each parcel: \_\_\_\_\_

Uses of the severed lands: \_\_\_\_\_

If this application proposes to sever a dwelling made surplus through farm amalgamation, when were the farm properties amalgamated? \_\_\_\_\_

Date of construction of the dwelling proposed to be severed: \_\_\_\_\_

Date of purchase of subject lands: \_\_\_\_\_

**E. PREVIOUS USE OF THE PROPERTY**

Has there been an industrial or commercial use on the subject lands or adjacent lands?

☒ Yes ☐ No ☐ Unknown

If yes, specify the uses: manufacturing truck bodies, industrial garage trailer storage

Has the grading of the subject lands been changed through excavation or the addition of earth or other material?

☒ Yes ☐ No ☐ Unknown

Has a gas station been located on the subject lands or adjacent lands at any time?

☐ Yes ☒ No ☐ Unknown

Has there been petroleum or other fuel stored on the subject lands or adjacent lands at any time?

☐ Yes ☒ No ☐ Unknown

Is there reason to believe the subject lands may have been contaminated by former uses on the site or adjacent sites?

☐ Yes ☒ No ☐ Unknown



Provide the information you used to determine the answers to the above questions:

owner of property

If you answered yes to any of the above questions, a previous use inventory showing all known former uses of the subject lands, or if appropriate, the adjacent lands, is needed.

Is the previous use inventory attached?

☐ Yes ☒ No

## F. STATUS OF OTHER PLANNING DEVELOPMENT APPLICATIONS

Has the subject land or land within 120 metres of it been or is now the subject of an application under the *Planning Act, R.S.O. 1990, c. P. 13* for:

1. a minor variance or a consent;
2. an amendment to an official plan, a zoning by-law or a Minister's zoning order; or
3. approval of a plan of subdivision or a site plan?

☒ Yes ☐ No ☐ Unknown SITE plan application to be submitted -

If yes, indicate the following information about each application: If additional space is required, attach a separate sheet.

File number: \_\_\_\_\_

Land it affects: \_\_\_\_\_

Purpose: \_\_\_\_\_

Status/decision: \_\_\_\_\_

Effect on the requested amendment: \_\_\_\_\_

Is the above information for other planning developments applications attached? ☐ Yes ☐ No

## G. PROVINCIAL POLICY

Is the requested application consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act, R.S.O. 1990, c. P. 13*?

☒ Yes ☐ No

If no, please explain:

Are the subject lands within an area of land designated under any provincial plan or plans?

☐ Yes ☒ No

If yes, does the requested application conform to or does not conflict with the provincial plan or plans:

Are any of the following uses or features on the subject lands or within 500 metres (1,640 feet) of the subject lands, unless otherwise specified? Please check the appropriate boxes, if any apply.

Use or Feature	On the Subject Lands		Within 500 Metres (1,640 feet) of Subject Lands (Indicate Distance)	
Livestock facility or stockyard (if yes, complete MDS 1 Calculation Form)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Wooded area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <u>adj</u> distance
Municipal landfill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Sewage treatment plant or waste stabilization plant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Provincially significant wetland (class 1, 2 or 3) or other environmental feature	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <u>100m</u> distance
Floodplain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Rehabilitated mine site	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Non-operating mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Active mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Industrial or commercial use (specify the use(s))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Active railway line	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Seasonal wetness of lands	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <u>100m</u> distance
Erosion	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance
Abandoned gas wells	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No _____ distance

## H. SERVICING AND ACCESS

### WATER SUPPLY

#### SEVERED

#### RETAINED

Municipal piped water

☐☐

Communal Wells

☐☐

Individual Wells

☒☒

Other means (describe) \_\_\_\_\_

### SEWAGE TREATMENT

#### SEVERED

#### RETAINED

Municipal Sewers

☐☐

Communal System

☐☐

Septic tank and tile bed

☒☒

Other means (describe) \_\_\_\_\_

### STORM DRAINAGE

#### SEVERED

#### RETAINED

Storm Sewers

☐☐

Open ditches

☐☒Other (describe) municipal drain

CONSENT / SEVERANCE

- Have you consulted with Public Works & Environmental Services concerning stormwater management? ☐ Yes ☒ No
- Has the existing drainage on the subject lands been altered? ☒ Yes ☐ No
- Does a legal and adequate outlet for storm drainage exist? ☒ Yes ☐ No ☐ Unknown

Existing or proposed access to the **RETAINED** lands:

- ☐ Unopened road ☐ Provincial highway  
☒ Municipal road maintained all year ☐ Right-of-way  
☐ Municipal road maintained seasonally ☐ Other (describe below)

If other, describe: \_\_\_\_\_

Name of road/street: County Road 13

Existing or proposed access to SEVERED lands: when adjoined with adjacent lot

- ☐ Unopened road ☐ Provincial highway  
☒ Municipal road maintained all year ☐ Right-of-way  
☐ Municipal road maintained seasonally ☐ Other (describe below)

If other, describe: \_\_\_\_\_

Name of road/street: County Road 13

**I. OTHER INFORMATION**

Is there a time limit that affects the processing of this development application? ☒ Yes ☐ No

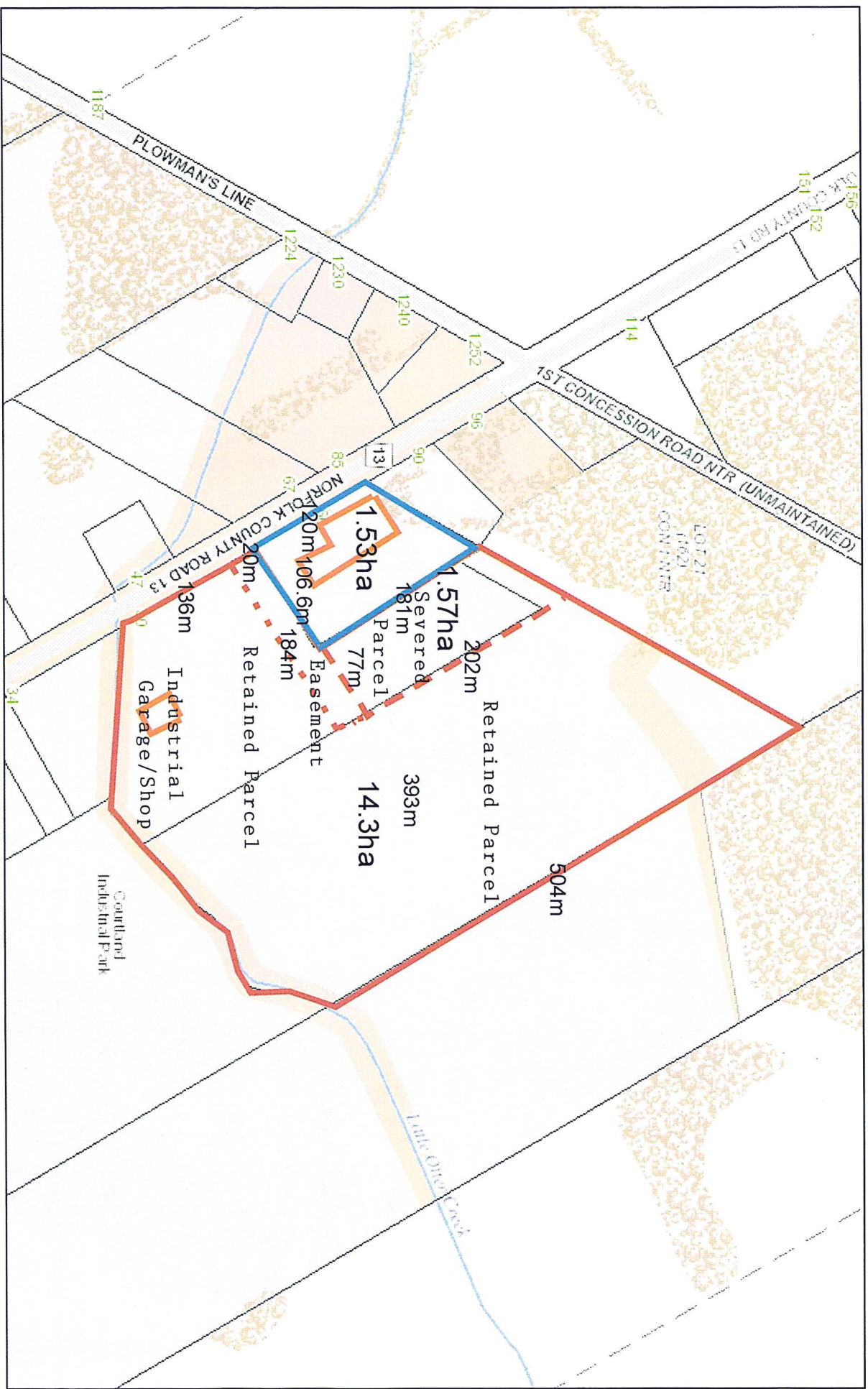
If yes, describe: want to start construction ASAP

Is there any other information that you think may be useful in the review of this development application? If so, explain below or attach on a separate page.

\_\_\_\_\_  
\_\_\_\_\_



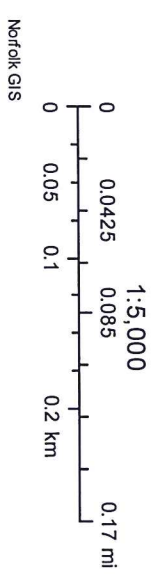
# MAP NORFOLK - Community Web Map



September 6, 2016

- ☐ Land Parcels
- ☐ Civic Address
- ☐ Plan Lines

Road Labels





# MAP NORFOLK - Community Web Map



September 6, 2016

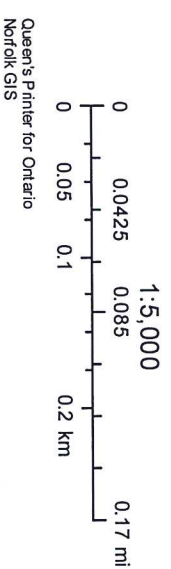


Land Parcels

Road Labels

Civic Address

Plan Lines







Working together with our community  
to provide quality services.

# Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE No.:		DATE RECEIVED:	
PROPERTY INFORMATION		Municipal Address: <i>50 County Rd. 13 Middleton</i>			
Owner:		Lot: <i>2 Middleton</i>		Concession: <i>1 NTR</i>	
Lot Area:		Lot Frontage:		Assessment Roll No.	
PURPOSE OF EVALUATION		<input type="checkbox"/> Consent <input type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____			
BUILDING INFORMATION		<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Agricultural			
Building Area:		No. of Bedrooms:		No. of Fixture Units: <i>17</i>	
EVALUATOR'S INFORMATION		Evaluator's Name: <i>Larry Dedrick</i>		Company Name: <i>Dedrick Bros. Excavating Ltd.</i>	
Address: <i>370 Lynedock Rd., Delhi</i>		Postal Code: <i>N4B 2N4</i>		Phone: <i>519-582-2069</i>	
Email:		BCIN # <i>16930</i>			
SITE EVALUATION		Ground Cover (trees, bushes, grass, impermeable surface): <i>Grass</i>		Soil Type: <i>Sand</i>	
Site Slope: <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Steep		Soil Conditions: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry		Depth of Water Table: <i>5' 21/2"</i>	
Surface Discharge Observed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Odour Detected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Current Weather (at time of evaluation): <i>Hot Sunny</i>	
SYSTEM EVALUATION		Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input checked="" type="checkbox"/> 4 (Leaching Bed) <input type="checkbox"/> 5 (Holding Tank)			
Tank:		Pre-cast <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Size: <i>800</i> Gal.    Pump: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Distribution System:		No. of Tile Runs: <i>4</i>		Total Length of Tile: <i>80 ft</i>	
Area: <input type="checkbox"/> Trench Bed <input checked="" type="checkbox"/> Filter Medium		Distance Between Tile Runs: <i>4 ft.</i>			
Tile Material: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other		Ends: <input type="checkbox"/> Capped <input checked="" type="checkbox"/> Joined		Cover: <input checked="" type="checkbox"/> Filter Cloth <input checked="" type="checkbox"/> Sand <input checked="" type="checkbox"/> Top Soil <input checked="" type="checkbox"/> Seeded	
setbacks:		Tank		Distribution Pipe	
Distance to Buildings Structures (ft)		<i>5'</i>		<i>120'</i>	
Distance to Bodies of Water (ft)		<i>50'</i>		<i>175'</i>	
Distance to Nearest Well (ft)		<i>50'</i>		<i>300'</i>	
Distance to Proposed Property Lines		Front <i>270</i> Rear <i>500</i> Side <i>400</i> Side <i>?</i>		Front <i>110</i> Rear <i>640</i> Side <i>80</i> Side <i>?</i>	

OVERALL SYSTEM RATING	<input checked="" type="checkbox"/> System Working Properly / No Work Required
	<input type="checkbox"/> System Functioning / Maintenance Required <input type="checkbox"/> System Not Functioning / Minor Repair Required <input type="checkbox"/> System Failure/Major Repair / Replacement Required
Note: Any repair/replacement of an on site sewage system requires a building permit. Contact the Norfolk County Building Division at (519) 426-4377 for more information.	
Additional Comments:	

**DECLARATION OF THE OWNER**

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall in any way exempt the owner(s) from complying with the Ontario Building Code or any other applicable laws.

I, Salsin Haulage Inc. (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respect to all matters pertaining to the existing on-site sewage system evaluation.

<u></u> Owner Signature (Agent)	<u>Sept 27/16</u> Date
------------------------------------	---------------------------

**DECLARATION OF THE EVALUATOR**

I, Larry Dedrick declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which may adversely affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

<u></u> Evaluator Signature	<u>Sept. 27/16</u> Date
--------------------------------	----------------------------

**BUILDING DIVISION COMMENTS**

Comments: System Installed Nov. 2005 By  
Kirwin & Oatman,

\_\_\_\_\_ have reviewed the information contained in this form as submitted.

_____ Chief Building Official or designate	_____ Date
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# On Site Sewage Disposal System Location Plan

DATE: \_\_\_\_\_

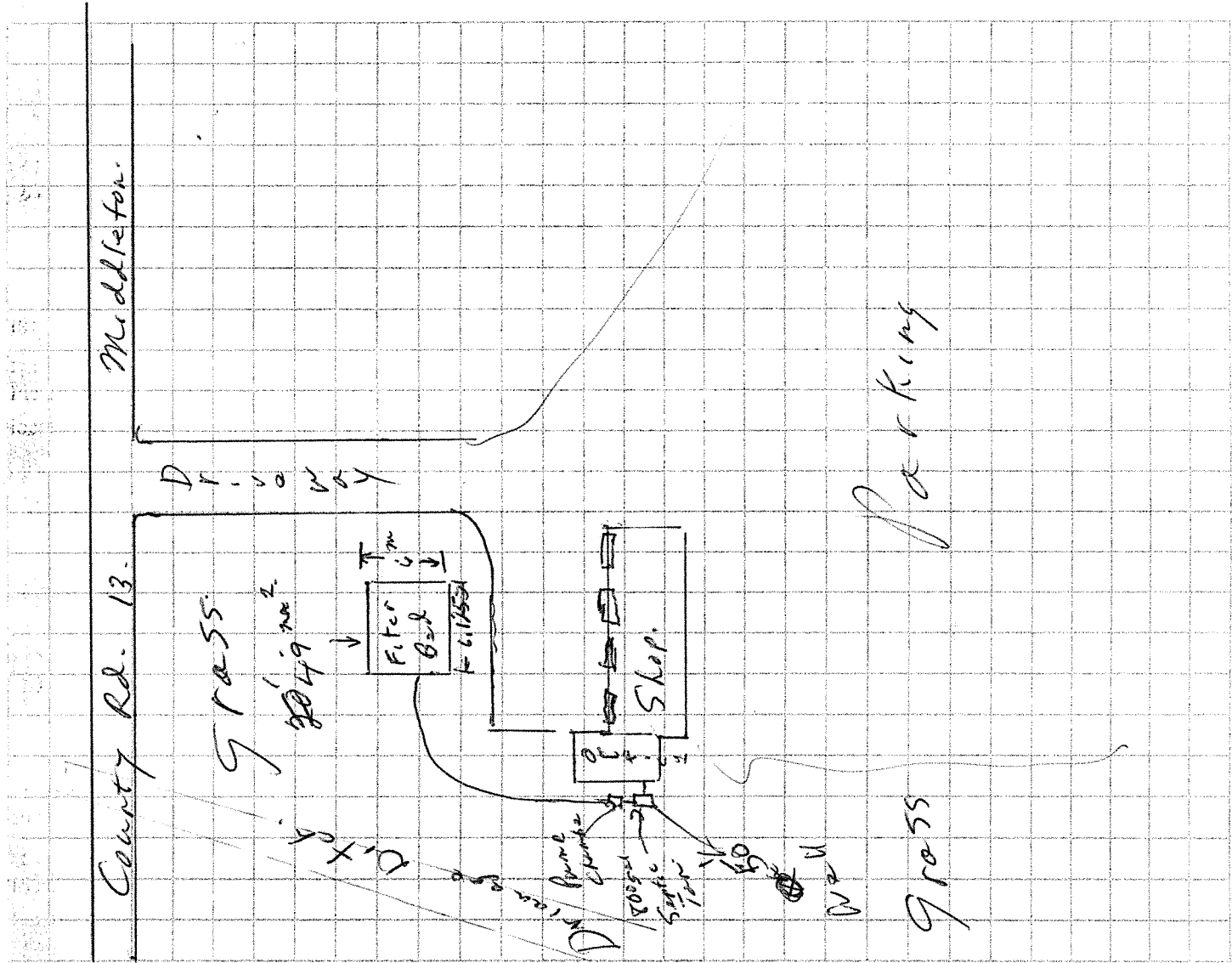
APPLICATION NUMBER: \_\_\_\_\_

OWNER 50 County Rd. 13 Mill.

EVALUATOR Larry Pedrick

PROPERTY ADDRESS \_\_\_\_\_

Please provide a DIMENSIONED sketch drawing indicating EXISTING AND PROPOSED property lines, existing roads and driveways, location of all existing buildings, location of existing wells, and location of existing septic tanks and tile beds.



PREPARED BY: \_\_\_\_\_

NOTE: The above sketch is not to exact scale.

# HALDIMAND-NORFOLK HEALTH UNIT

Division of the Health & Social Services Dept.  
Dedicated to Improving Our Communities' Health

RECEIVED  
DEC 01 2005

## FINAL SEWAGE SYSTEM INSPECTION REPORT

Permit No.: N-10374

Installer: Birken Catman

Inspection Date: November 2, 2005

Owner's Name: Salina Hantagor Inc

Address: 224393 Ostrander Rd, RR 7  
Tillsonburg N4G 4H1

Norfolk County

Township/Town

Lot No.

Conc. No.

Sublot No.

Plan No.

Middleton

2

1 NTR

Assessment Roll #: 3310 5410 2017 000 0000

911 #: 50

Road Name: County Rd 13

Permit Status: Complies with Ontario Building Code Act & Regulations Yes ☒ No ☐

Comments:

Date: Nov. 3/05

Inspected by: [Signature]

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act 1990 for the purposes of fulfilling the Regulations of the Ontario Building Code Act 1992. Questions and/or concerns should be directed to Katherine Bristol, Records Management/FOI Coordinator, Norfolk County (519) 426-5870

White Copy - Health Unit

Yellow Copy - Owner/Agent

Pink Copy: Building Department

H:\WordData\Forms\Environment\finalreport.doc Feb.2005

☐ 12 Gilbertson Drive, PO Box 247  
Simcoe ON N3Y 4L1  
(519) 426-6170  
Fax (519) 426-9974

☐ Addictions Services  
12 Gilbertson Drive, PO Box 247  
Simcoe ON N3Y 4L1  
(519) 428-1805  
Fax (519) 428-7710



Accredited Since 1998

www.haldimand-norfolk.org

Email: hnmoh@haldimand-norfolk.org Email: addictions@haldimand-norfolk.org

☐ 282 Argyle Street South  
Caledonia ON N3W 1K7  
905-318-5367  
Fax 905-765-8905

☐ 117 Forest Street East  
Dunnville ON N1A 1B9  
905-318-6623  
Fax 905-774-1538

# HALDIMAND-NORFOLK HEALTH UNIT

Health Unit Dr., P.O. Box 247, Simcoe ON N3Y 4L1 - Telephone: 519-426-6170  
 Office: 22 Albert St., P.O. Box 128, Langton, ON N0E 1G0 - Telephone: 519-875-4485

Municipal Officials will not complete this form. The permit forms must be completed in ink. (Page 1 of 4)

## PERMIT FEE (Payable to Haldimand-Norfolk Health Unit)

- ☒ New System \$350.00  
☐ Repair/Replacement \$325.00

## SEWAGE DISPOSAL SYSTEM PERMIT

This Permit is valid for one year from date approved.

(Please Print Clearly)

Permit No.	N-10374
Fee Receipt No.	47932
Date Received:	Oct. 21/04

<b>Section A</b> Name of Owner/Agent SALCIN HAULAGE INC.	Tel. No. (H) 519 682 0577 (B)	<b>Section B</b> Installer's Name KIRWIN, CARMAV Licence # L-1999-3052 Certified Installer JEFF KIRWIN	Tel. No. 519 688 0350 519 983 7182
Mailing Address 204393 DSTRANDER ROAD (No., Street, City, Town, Etc.) RR#7, TILSONBURG Postal Code N4G 4H1	Mailing Address 10 Elm St (No., Street, City, Town, Etc.) TILSONBURG Postal Code N4G 4H3		

**Section C:**  
 Proposed to INSTALL a Class 04 Sewage system to serve WAREHOUSE  
 (Install/Alter) (Facility: e.g. single family dwelling, motel, etc.)

Section D: Location—County	Ward, Township, Town	Lot No.	Conc. No.	Sub-Lot No.	Plan No.	Area of Lot (sq.m.)
NORFOLK	MIDDLETON	2	INTR			63,917

Assessment Roll #: 3310 54102017 000 0000

**Section E: Directions to Lot—Highway No., Secondary Roads, Signs to Follow, 911#:**  
 COUNTY RD 13 NORTH OF  
 #3 Highway to 911# 50 (FORMER DRIVE IN THEATRE)  
 COURTLAND

**Section F: Water Supply:** (Check Appropriate Boxes) Proposed ☐ Existing ☐  
 Dug/Bored Well ☐ Point Well ☐ Drilled Well ☒ Municipal ☐ Other ☐ (Explain).....  
 Water Treatment: Water Softener ☐ Other ☐ (Explain).....

## Section G—FOR PLUMBING:

Please complete the following table:

DESCRIPTION	TOTAL #	X	FIXTURE UNITS	=	TOTAL FIXTURE UNITS
EXAMPLE ONLY—POTATO PEELER	2	X	3	=	6
WATER CLOSET (FLUSH TANKS TOILET)	1	X	4	=	4
EACH SINK OR WASHBASIN	1	X	1½	=	1½
BATHTUB OR SHOWER	1	X	1½	=	1½
DISHWASHER		X	1½	=	
CLOTHES WASHING MACHINE		X	1½	=	
SINGLE OR DOUBLE LAUNDRY TUBS		X	1½	=	
OTHER.....		X		=	
OTHER.....		X		=	
TOTAL FIXTURE UNITS					10

# DIMAND-NORFOLK HEALTH UNIT

(Page 2 of 4)

rtson Dr., P.O. Box 247, Simcoe ON N3Y 4L1 - Telephone: 519-426-6170  
a Office: 22 Albert St., P.O. Box 128, Langton, ON N0E 1G0 - Telephone: 519-875-4485

Permit No. N-12374

## Section H - FOR SEWAGE SYSTEMS

Total finished area of dwelling m<sup>2</sup>, (excluding the area of the finished basement and garage).....55  
Total fixture units within all buildings on the property (from section "G" above).....10  
Total # of bedrooms on the property .....0.....Daily flow rate (determined from "info charts").....225 (3+70) litres/day.  
Describe the existing soil conditions in sewage system area: Type:.....SAND Percolation Rate:.....40  
Depth to bedrock/impervious soil layer.....MORE THAN 2 m.....To high water table.....MORE THAN 2 m

PROPOSE TO CONSTRUCT (refer to the Ontario Building Code and/or information sheets and charts provided).

☐ Class 2 Grey-Water Pit Wall Structure ? Concrete Block ☐ Rock ☐ Other .....  
Using Existing Soil ☐ OR New Gov't Approved ☐ If imported, describe .....  
Dimensions of Pit Length  
Type of Class 1 to be used: Privy ☐ Composting ☐ Chemical ☐ Electrical ☐ Other.....

☐ Class 3 Cesspool Describe.....

☐ Class 4 Trench Bed Dug into Existing Soil ☐ OR Imported Soil ☐ Percolation Rate: .....  
If imported, describe.....height.....  
Total Length of Distribution Pipe (M).....Header ☐ OR Distribution Box ☐  
Use Existing Soil ☐ OR Gov't Approved ☐ Concrete ☐ Polyethylene ☐ Size (L).....  
Other (describe).....

☒ Class 4 Filter Bed -- Proof of Approved Filter Material must be provided.  
Effective Area (sq.m.).....49.....Base Area (sq.m.).....49.....  
Size of tank.....3600 L.....# of runs of pipe.....4.....Header ☒ OR Distribution Box ☐

☐ Class 4 (Treatment Unit) Manufacturer & Model.....Daily Flowrate Capacity (L).....  
Primary Tank Size (L).....Secondary Tank Size (L).....

☐ Class 5 (Holding Tank) Manufacturer.....Concrete ☐ Polyethylene ☐  
Other.....  
Size (L).....Alarm is Audio ☐ AND Visual ☐ -- A pump out contract must be provided.

## Section I - PUMP or SIPHON

For any of the above, is a pump required? Yes ☐ No ☒ If yes, -- Head.....  
Run.....Horsepower.....Size of pump chamber (L).....



# DIMAND-NORFOLK HEALTH UNIT

(Page 3 of 4)

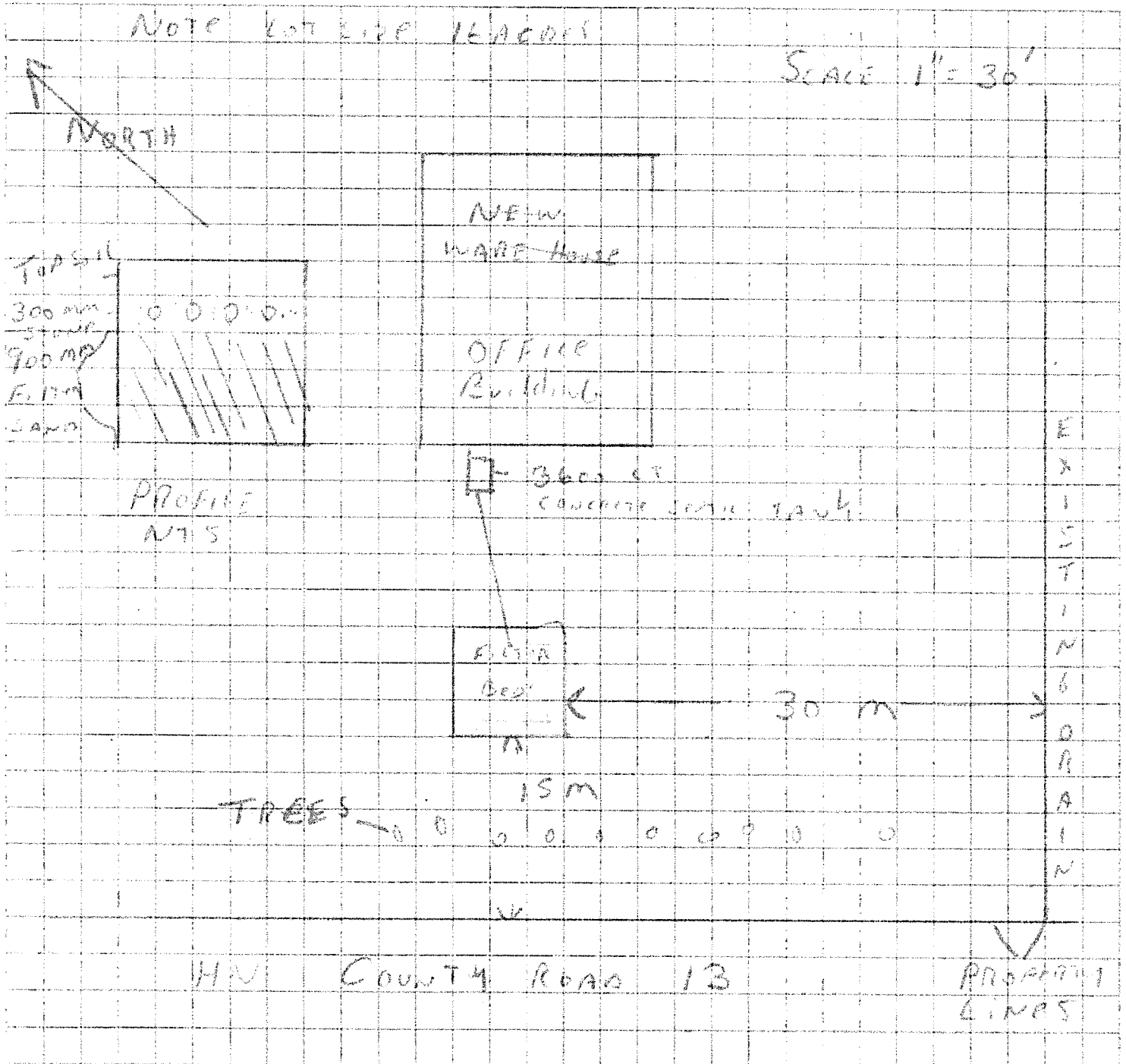
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 Office: 22 Albert St., P.O. Box 128, Langton, ON N0E 1G0 - Telephone: 519-875-4485

Permit No. N-11374

## Section J:

All applications under this section must include Lot Diagram and Sewage System Plan: (Draw to scale including north point and showing):

- Location of sewage system components (e.g. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies {wells – state dug, bored or drilled – include neighbours}, existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools, etc.
- Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.
- If any part of proposal conforms to a specific standard drawing, give reference number(s).
- Use sewage system design flows (attached) for calculation of distribution pipe length.



# HALDIMAND-NORFOLK HEALTH UNIT

(Page 4 of 4)

son Dr., P.O. Box 247, Simcoe ON N3Y 4L1 - Telephone: 519-426-6170  
Office: 22 Albert St., P.O. Box 128, Langton, ON N0E 1G0 - Telephone: 519-875-4485

Permit No. N-10374.....

## ATTENTION APPLICANT OR AGENT

**This permit is for the installation/alteration of a sewage disposal system only. This permit is NOT a Building Permit and it does NOT imply or preclude the approval of a building permit, zoning or planning bylaws or amendments thereto. The Public Health Inspector\* will return all applications which are incomplete or unsigned.**

By signing this application, I agree:

1. that the granting of the sewage system permit, the approval of the plans for the sewage system and the inspectors made with respect to the sewage disposal system shall NOT in any way relieve me of my responsibilities for carrying out the requirements of applicable building permits, building bylaws, zoning bylaws and amendments thereto; **AND**
2. that it is my responsibility to arrange for the necessary inspections as specified by the Public Health Inspector\* at the time of issuance of the sewage system permit; **AND**
3. that the information provided is true and accurate and Norfolk County will not be held responsible for incorrect information provided by and applicant; **AND**
4. to comply with all provisions of the building and zoning bylaws of Norfolk County and amendments thereto that apply to the property for which this permit is being issued; **AND**
5. that no work shall commence on the sewage disposal system until a permit number has been issued.

\* Public Health Inspectors with Haldimand-Norfolk Health Unit are designated as the Building Officials for enforcing Part 8 of the Building Code with respect to Private Sewage Disposal Systems (Authority: Building Code Act 1992, c.23)

Owner's Signature

OR

Agent's Signature

Date

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act 1990* for the purposes of fulfilling the Regulations of the *Ontario Building Code Act 1992*. Questions and/or concerns should be directed to Katherine Bristol, Records Management/FOI Coordinator, Norfolk County (519) 426-5870

### ATTENTION: FOR OFFICE USE ONLY

INSPECTOR'S REPORT/SYSTEM REQUIREMENTS	Inspection Date & Time		Sub-Surface Conditions Encountered		
	NOV. 2 20 04 AM PM		Rock & G.W.T.	Depth (m)	Soil Type
Representing Owner: Frank Sizc analysis provided NOV. 4/04	Lineal Metres of Distribution Pipe:	Working Capacity of Septic/Tertiary/Holding Tank Litres:			
Filter Bed: Effective area m <sup>2</sup>	49				
Base area m <sup>2</sup>	49				

Conditions of Permit or Reasons Permit Denied: Install as per requirements of the  
Ontario Building Code Act & Regulations

Permit Issued: 11/4/04  
Per: Chief Building Official

Date: Nov 4/04

Permit Denied: \_\_\_\_\_  
Per: Chief Building Official

Date: \_\_\_\_\_

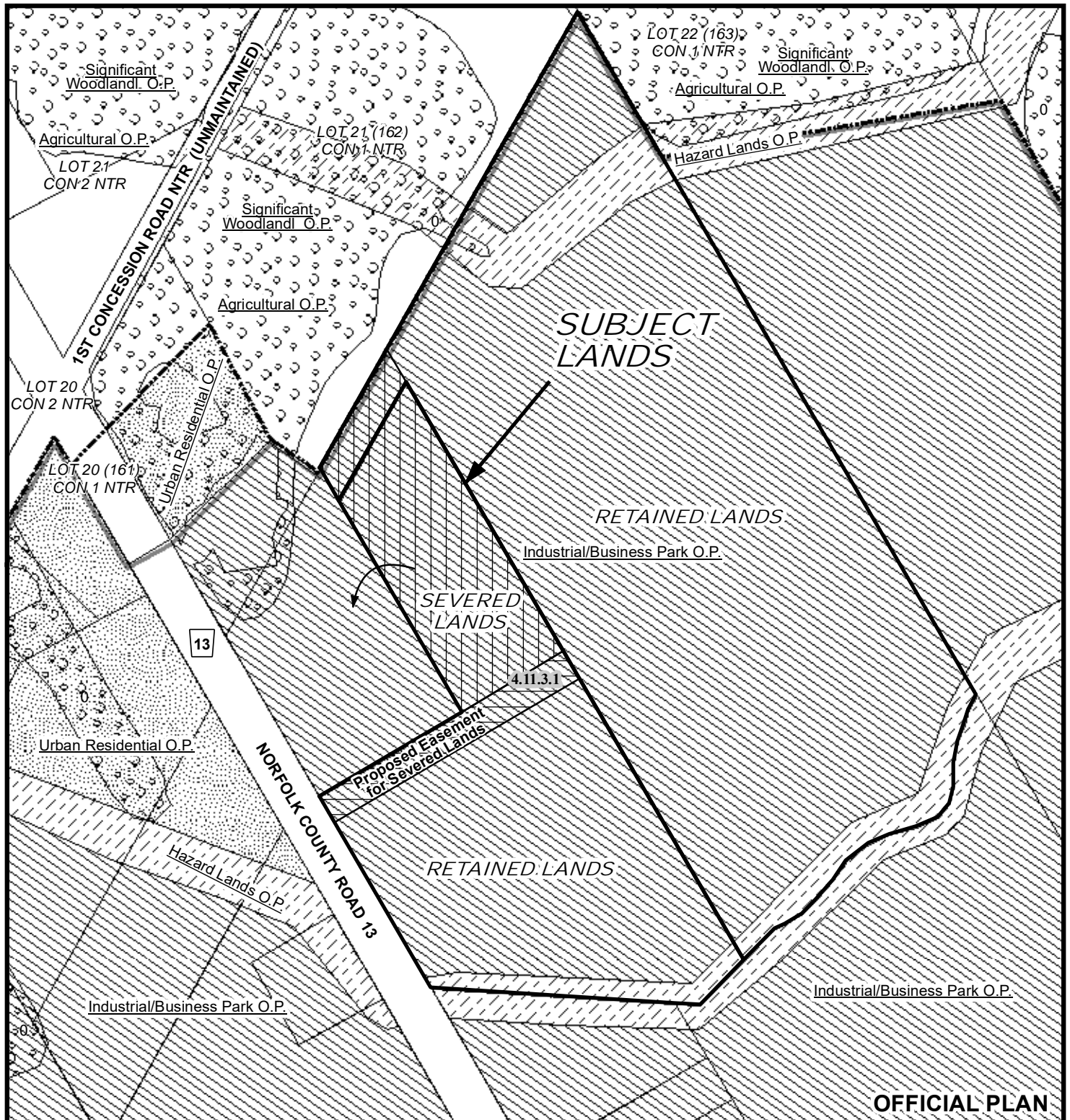
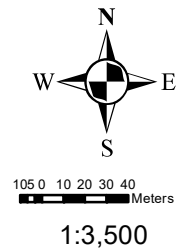
Authority - Building Code Act 1992, c23



# MAP 2

File Number: BNPL2016327

Geographic Township of MIDDLETON





# MAP 3

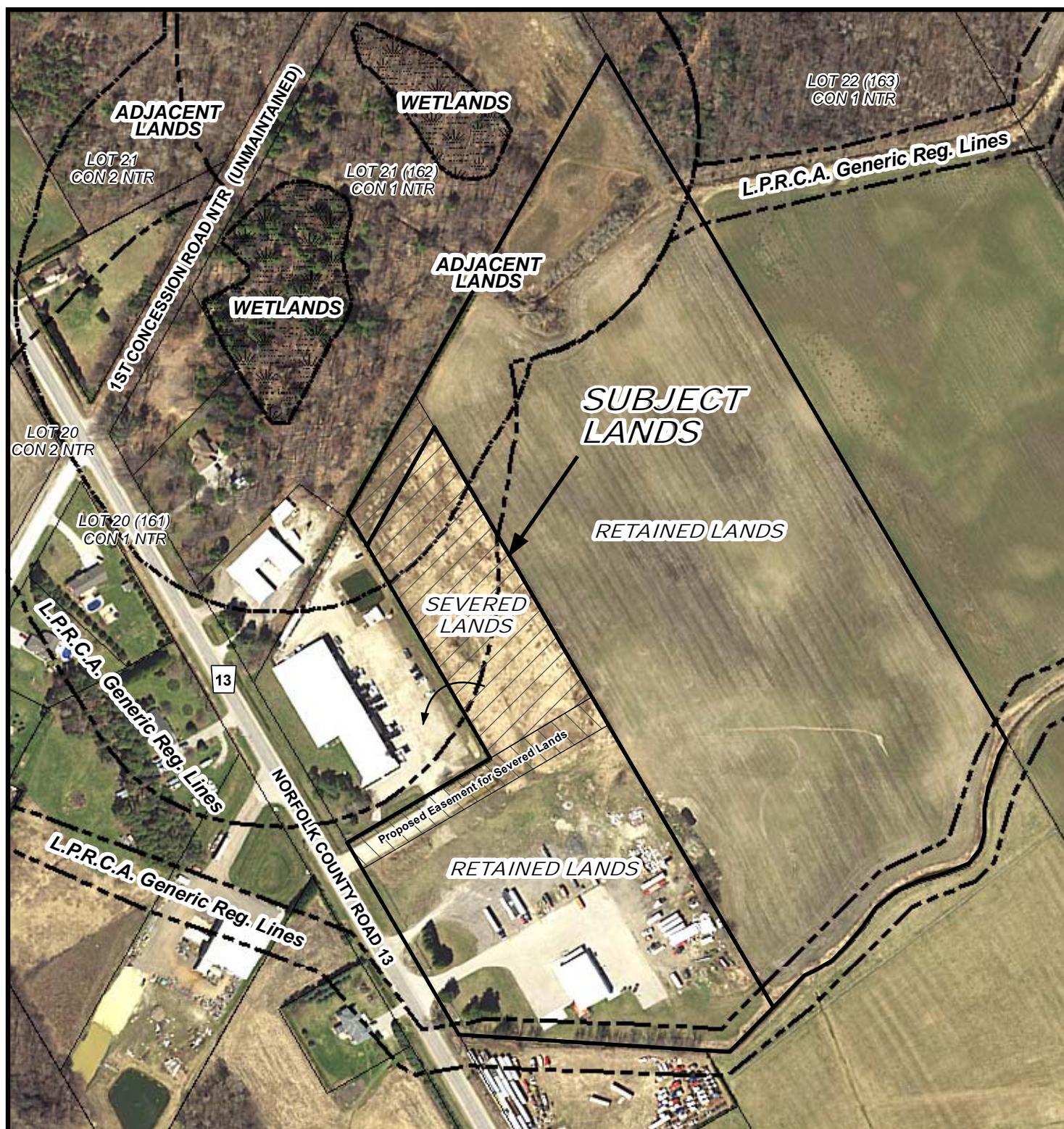
File Number: BNPL2016327

Geographic Township of MIDDLETON



105 0 10 20 30 40 Meters

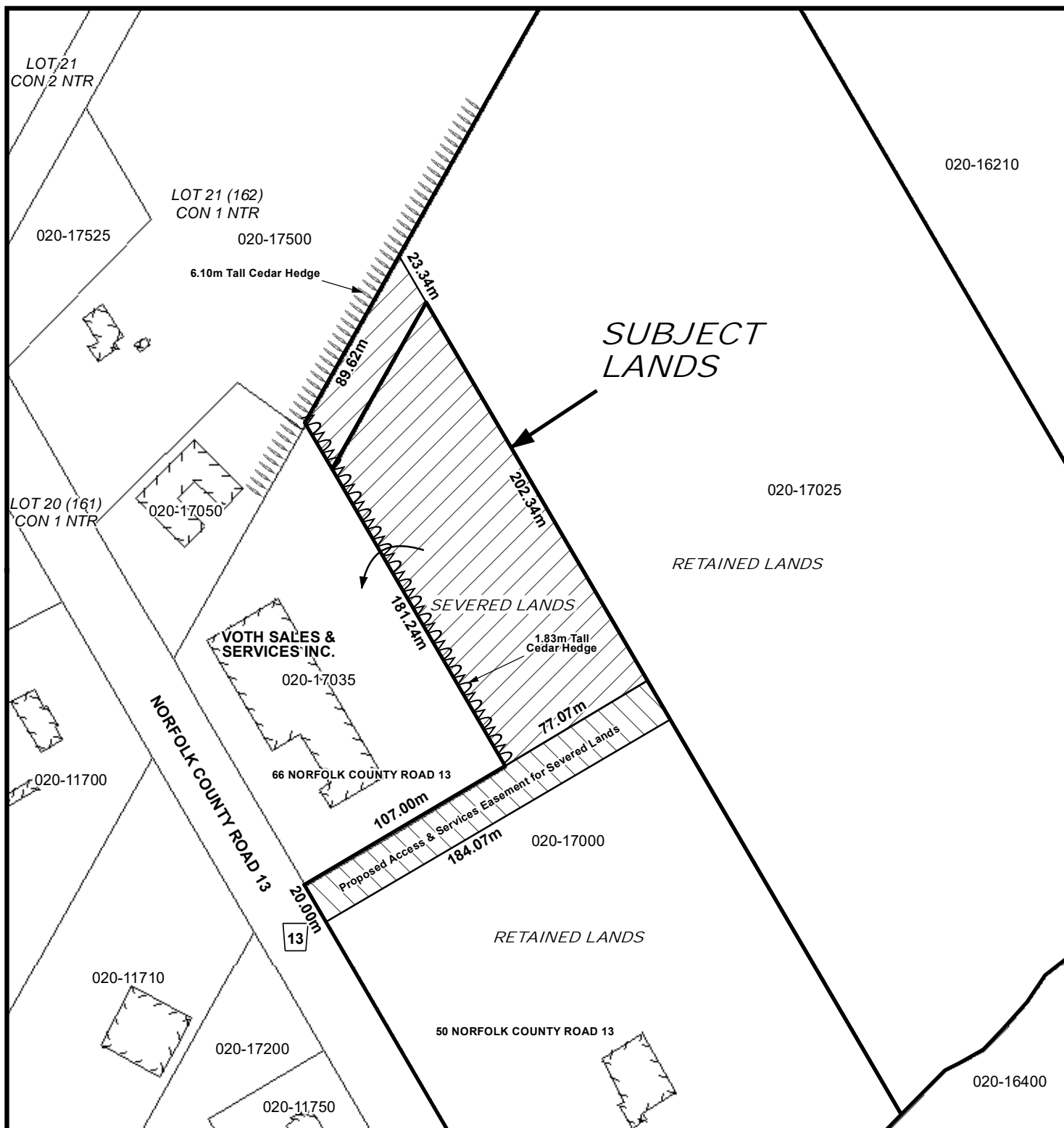
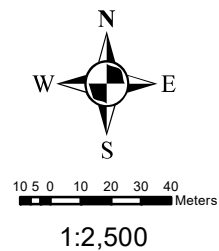
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# MAP 4

File Number: BNPL2016327

Geographic Township of MIDDLETON



# LOCATION OF LANDS AFFECTED

File Number: BNPL2016327

Geographic Township of MIDDLETON

