

MUSKOKA-PARRY SOUND HEALTH UNIT
APPLICATION FORM for SEPTIC TANK SYSTEM INSPECTION

Head Office - 253 James Street, Bracebridge, Ont.
(Tel: 645-5257) (P.O. Box 1019)

M/W-71(5)

RN-6-22-52

- * - BRANCH OFFICES - * -

Parry Sound
14 James Street
Tel: 746-5801

Gravenhurst
P.O. Box 681
365 Muskoka St.
Tel: 687-2331

Huntsville
P.O. Box 575
5 Main Street
Tel: 789-5351

Burks Falls
P.O. Box 20
Tel: 382-2018

OWNER'S NAME (in full)

BISSCHOP

Miss
Mrs.
Mr.

HANK
GIVEN NAMES

AND
PERMANENT

MAILING ADDRESS: 921 MAPLE GROVE AVE. BRADFORD. ONTARIO

MUNICIPALITY: MEDORA & WOOD LOT: P. 21 CONC: F

Street/Road: WHITESIDE. ONTARIO

SEPTIC TANK: 600 Imperial Gallons (Sewage holding capacity) TILE BED: 150 feet. (state length of tile)

LOT: Waterfront / or Inland. TYPE OF SOIL: SAND & CLAY GRAVEL

Number of Occupants: 2 Number of bedrooms: 2

Date when system ready for inspection: 31 / 7 / 1971
Day Month Year

System must not be covered before inspection.

I hereby make application for approval of my sewage disposal system, a plan of which is on the reverse side of this form: ----->

Dated: 31-7-1971

[Signature]
Signature of OWNER
(or Contractor)

V. SMITH
WHITESIDE
ONT.
Name & Address
of CONTRACTOR

NOTE: Inspection will only be made upon receipt of this form

Office use only. INSPECTOR'S REPORT

TANK: 600 Imp. Gals. (Metal) Concrete TILE: 150 feet. Clay / Perforated TRENCH FILL: Gravel Stone GRADE: D

This system complies with the official specifications:

Date: Aug 2/71 Signed: C. Addario

Certificate of Approval for occupancy by 2 persons, mailed on aug 3/71