

### File Search Reply - Match Found

### Information per applicant

ATTENTION:

Marc Kennedy c/o Convenience Storage

Date: 24 Oct 2017

E-mail:

Phone for pickup

Phone: 613-822-1789

From:

Ottawa Septic System Office - Roz

Phone:

613.692.3571 x1123

Email:

septic@rvca.ca

Follow up Inquiries Please Reference: FS-17-204

Archive file: 1988-805 (Basile)

Civic Address: 1353 Coker St

Former Township: Osgoode

Property Owner Last Name: Convenience Storage (Marc Kennedy)

| Lot: Blk 4&8 | Con: | Sublot/Part:                       | Plan | 4M351                        |
|--------------|------|------------------------------------|------|------------------------------|
|              |      | stem designed per the records for: |      | eature listing the internet: |
| Bedrooms     |      |                                    |      |                              |
| Bathrooms    |      | Commercial                         | Con  | nmercial                     |
| Square feet  |      |                                    |      |                              |

#### Attachment(s):

#### Archive file: 1988-805 (Basile)

Yes – Approval issued by regulator of the day.

Yes - Use permit/Certificate of Approval issued by regulator at time of construction

The foregoing information is given for your convenience only. Supplementary requests are necessary for conformity with other legislation such as flood plain or shoreline works. It should be clearly understood that you must satisfy yourself as to whether the premises and the existing or proposed use thereof is or would be in conformity with all applicable regulations. For further information please contact Roz Kee at the number listed above. Thank you for contacting the Ottawa Septic System Office.

Part 8 Inspector -

Adam Dillon

WWW. RVCA.CA/OSSO

Ver. 2017 02 23



K

Main Phone: 613-692-3571 x 1123

Fax: 613-692-1507 E-mail: <u>septic@rvca.ca</u>

Mailing Address: 3889 Rideau Valley Drive P.O box 599, Manotick, ON K4M 1A5

# Septic Records Search Form (1977 to present) Complete and fax, mail or e-mail form -> NOTE: NON-REFUNDABLE FEE REQUIRED UPON SUBMISSION

Form is to be completed in full. Incomplete information may cause delays or inaccurate file searches. Requests that have been processed and returned to clients are considered to be closed. Requestor Information Section 1 CONVENIENCE Requested by Telephone 822 Date: Oct 23, 2017 E-mailed to: File Search Response & Mailed to: TAWA, ONT Attached Septic Records to be Faxed to: Present Owner's Name MARKE Applicant's Reference File Search Property Information - Reference title and deed Section 2 ACCOUNT 53513 Municipal Address COKER ROLL WOO 040 06223 0000 Lot Concession: Subdivision Lot/Parts Plan: 44-35/ RP 4R 54 27 Approximate Date of System PART Installation and/or Replacement Owner at Time of Installation **Payment Information** Section 3 Payment Type (Check one) **Master Card** Visa Cheque Attached\* Card Number Exp. Date: Cardholder Name Receipt Issued to Cheques can be made payable to Rideau Valley Conservation Authority Ottawa Septic System Office Use ONLY File Search Request # Invoice # Date Response Section 4 Based on the above information, we were unable to locate a record of the related sewage disposal system in our files. We recommend contacting a consulting engineer to conduct an assessment. Please check with the Environment and Health Protection Branch for files dated between January 1960 to June 1977, Phone: 613-580-6744 ext. 23806

NOTE: Life Expectancy of a sewage system is dependent on past usage and maintenance.

To our knowledge there are no outstanding work orders against this system Outstanding work orders against this system exist - see fax cover for details.

Personal information on this form is collected under the authority of the Health Protection and Promotion Act S.O. 1983 C 10 and the Environmental Protection Act R.S.O. 1980 C141 and will be used for the provision of the recording Environmental Health Services. Questions concerning the collection of this information should be directed to the Ottawa Septic System Office, 3889 Rideau Valley Drive, P.O. Box 599, Manotick, ON K4M 1A5. The forgoing information is given for your convenience only. It should be clearly understood that you must satisfy yourself as to whether the premises and existing or proposed use thereof is or would be in conformity with all applicable regulations.

PLEASE SAVE THIS FORM AND ATTACH THE PDF TO AN EMAIL

Batch # 10715 Entry #: 1

Rideau Valley C. A.

P.O. Box 599 Manotick, Ontario K4M 1A5 Canada Phone: (613) 692-3571 Fax: (613) 692-0831

DOCUMENT NO .:

PY000028730

DATE: 10/26/2017

Page:

AMOUNT RECEIVED

112.00 CAD

FROM

895418 Ontario Limited

PAID BY:

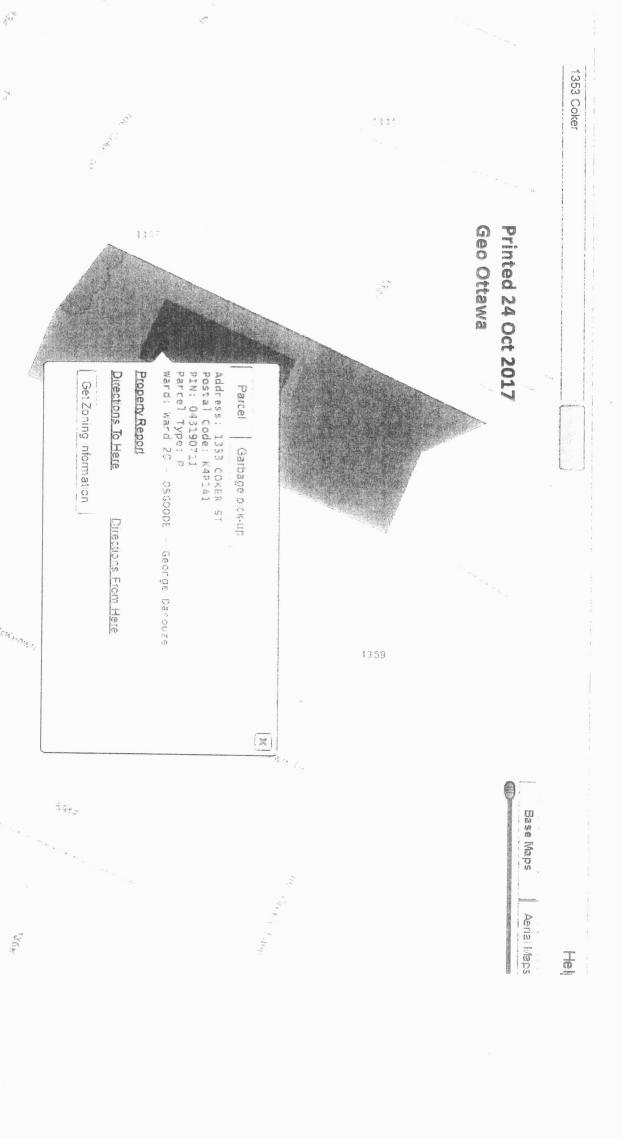
CHECK

CHECK/RECEIPT NO.:

000010715-00001

**DATE RECEIVED:** 10/26/2017

|       | DESCRIPTION                                    |          | AMOUNT    |
|-------|------------------------------------------------|----------|-----------|
| 03050 | 1353 Coker St (Osg) FS-17-204 - 895418 Ontario | Limited  | 112.00    |
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If you are using a web browser other than Microsoft Internet Explorer, please use the Export button to save this report as Word or pdf. You can then print the saved

of 1 | | | | | | | | 87 7 1

Ottawa PROPERTY INFORMATION INFORMATION SUR LA PROPRIÉTÉ

1353 COKER ST

PIN: 043190711

Find | Next

#### LEGAL DESCRIPTION / DESCRIPTION OFFICIELLE

PIN LEGAL DESCRIPTION / DESCRIPTION OFFICIELLE
043190711 PLAN 4M-351 PT BLKS 4 & 8 RP;4R5427 PART 24



#### PROPERTY DIMENSIONS / DIMENSIONS DE LA PROPRIÉTÉ

FRONTAGE - ft / FAÇADE - pi: DEPTH - ft / PRONFONDEUR - pi: 0.00

PROPERTY AREA - acre / SUPERFICIE - acre: 0.6600

0.00

#### SERVICES / SERVICES

PIN WASTE COLLECTION PICK-UP DAY AND ZONE / JOUR ET ZONE DE LA COLLECTE DES ORDURES
043190711 Z4 Miller FRI B

#### WARD INFORMATION / INFORMATIONS WARD

WARD NUMBER / NOM DU QUARTIER ODU CONSEILLER - (ÈRE)

043190711 20

OSGOODE George Darouze

Page: 1 of 1



#### **USE PERMIT** FOR CLASS 4, 5, 6 SEWAGE SYSTEMS

| API  | PLIC | A. | TIO | NNC | ).       |  |
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|                                                                    | THE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE INSTALLER                                                                                                    |
| REPRESENTING:                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |
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| MAKE AND MODEL, IF PREFABRICATED T                                 | ANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |
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| in runs and fed b<br>c) Proprietary Aerobic Sy<br>d) Other details | N (316 200)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (gravity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nanufacturer(s) and material of which pipe is made) laid<br>y, siphon, pump).<br>(Model)                         |
| b) If located other than                                           | in (a) use space                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certificate of Approval   dimensions from permanent points of reference sufficien entation of pipe runs.         |
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| 3. The following work remain                                       | The second secon | According to the Section Secti | Chal Barrier Manager                                                                                             |
| Backfill System and Co                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the same of th | ing to Shed Run-off and Divert Water Around Leaching Bed                                                         |
| Stabilize All Sloped Sur                                           | rfaces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ef Other Adva                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25. 2. 42. 3. 45. 10. 28. Car cax 172 P                                                                          |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |
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| Under Section 67 of the                                            | e Environmental I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Protection Act, and subje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ect to the provisions of the Act and Regulations a Permit                                                        |
| is hereby issued to (Owne                                          | er) TERNICI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S BASILE, J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | for the use and operation of the                                                                                 |
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|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dication and Certificate of Approval with any changes                                                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ward/Township/Municipality                                                                                       |
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| INSPECTED AND RECOMM                                               | ENDED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PERMIT ISSUED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sub-Lot No. 24                                                                                                   |
| MAn - 6                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 101112 69                                                                                                        |

Note: Section 64(a) of the Act provides that no change can be made to any building(s) or structure(s) in connection with which this sewage system is used, if the operation or effectiveness of the sewage system will or is likely to be affected by the change, unless a new Certificate of Approval is obtained.

DIRECTOR

Section 121 of the Act provides that an applicant for a permit may appeal a decision to refuse to issue a permit. Written notice of appeal must be forwarded to the Director (who refused to issue the permit) and to the Environmental Appeal Board, 1 St. Clair Avenue West, Toronto, Ontario, M4V 1K7 within 15 days of receipt of a permit.

WARNING: UNDER NO CIRCUMSTANCES SHOULD A HOMEOWNER ENTER A SEPTIC TANK. NOXIOUS GASES WHICH ARE HEAVIER THAN AIR REMAIN IN THE TANK AFTER THE TOP IS REMOVED, AND HAVE CAUSED DEATH BOTH TO THE ORIGINAL VICTIM AND TO THOSE WHO ATTEMPT TO RESCUE HIM FROM THE TANK.

Ministry of the Environment

# APPLICATION FORM AND CERTIFICATE OF APPROVAL FOR A CLASS 2-6 SEWAGE SYSTEM

| Application No. \$3(24-9) 803 |
|-------------------------------|
| Fee Receipt No                |
| Date Received                 |

| Er<br>ntario             | nvironment                                                          |                              |                         | Please Print                | Clearly          | 32-                      | 8975                                               |                  |                                          | Date          | Receiv           | ved .                                     | . ed. 6.                       | Seg.                                    |                                  |
|--------------------------|---------------------------------------------------------------------|------------------------------|-------------------------|-----------------------------|------------------|--------------------------|----------------------------------------------------|------------------|------------------------------------------|---------------|------------------|-------------------------------------------|--------------------------------|-----------------------------------------|----------------------------------|
|                          | of Owner                                                            |                              | 10.000                  | fra                         | Tel.             | No.                      | y las                                              | 2.               | Installer's N                            | ame           |                  |                                           |                                | Tel. I                                  | No.                              |
|                          |                                                                     |                              |                         |                             | 17               |                          | -17-9                                              |                  |                                          | 316           | PAT              | 186                                       | 250 N                          |                                         |                                  |
| City, To                 | SS                                                                  | . (                          |                         |                             |                  |                          | * A Y                                              | 100              | Address<br>(No., Street<br>City, Town, e | tc.)          |                  |                                           |                                |                                         |                                  |
| . Propos                 | se to                                                               | (Co                          | nstruct/Ins             | tall/Alter/E>               | <br>ktend/       |                          | a Class                                            | S                | ewage syste                              | m to se       | erve .           | (F                                        | acility: e.g. S<br>Dwelling, N |                                         |                                  |
| . Locati                 | ion – Regio                                                         | n, C                         | ounty, Dist             | rict                        | · jid            |                          | , Township, T                                      | own              | 1.ot No.                                 | Conc.         | Sub.L<br>No      |                                           | Plan No                        | ).<br>- 7                               | Area of Lot<br>(m <sup>2</sup> ) |
| 5.<br>State<br>No. of    | Bedrooms<br>Motel Uni                                               |                              | People                  | Flush<br>Toilets            |                  | inals                    | Washbasi                                           | ns               | Showers a<br>Bathtub                     |               | Drilled<br>Other | Bore<br>Well                              | d Well Munic                   |                                         |                                  |
| if app<br>Lot A<br>Lot A | ionship to S<br>plicable<br>pproval Pend<br>pproved<br>verance Appl | ing                          |                         |                             | 9. D<br>         | 14                       | ens to Lot:-                                       | \(\hat{\chi}\) - | fr                                       |               | t 164<br>249     | ·<br>·}                                   | tron                           | . : : : : : : : : : : : : : : : : : : : | ( <del></del>                    |
| Provi                    | ncial requii                                                        | he<br>rem                    | above inf<br>ents for s | ormation<br>sewage sys      | is con<br>tems a | nplete<br>and lo         | and correct<br>cal Municip                         | al By            | Laws.                                    |               | r Agent          |                                           | (ch                            | orm wi                                  |                                  |
| lo., Stree               | et,<br>n, etc.)                                                     |                              |                         |                             |                  |                          |                                                    |                  |                                          | ٠٠.٠٠         | y. t :           | 4.                                        |                                |                                         |                                  |
|                          | PECTOR'S                                                            |                              |                         | n Time                      |                  | 0                        |                                                    |                  |                                          | Sub-S         | urface C         | ondi                                      | tions Encoun                   | tered                                   |                                  |
| REP                      |                                                                     |                              | and Date                | 16:34                       | M                | >9                       | EP.T 7.8                                           | >                | 1988                                     | Rock<br>G.W.7 |                  | pth (                                     | m)                             | Soil                                    | Туре                             |
|                          | DY ,<br>) INDY<br>REMENTS                                           | Le                           | ngth of                 |                             |                  | Der<br><br>Work<br>Septi | eaching Bed Coth to Rockm. ing Capacity co         | De (             | n Criteria                               |               | 7~               | 0.25-<br>0.50-<br>0.75-<br>1.00-<br>1.25- | (1019                          | FRID                                    | BLZ                              |
|                          |                                                                     | Pip                          | pe (metres)             | .50m                        |                  | (Litre                   | s)2.7.00                                           | 7                |                                          |               |                  | 1.50-                                     | -                              |                                         |                                  |
| OR<br>Reasons            | where Prop                                                          | nosa<br>nosa<br>nosa<br>nosa | I not Acce              | eptable (add<br>YSTEM<br>DR | l additi         | AS.                      | nage improven ages if required PES S D S BE LABO C | d)<br>           | LOT                                      | DIAG<br>87.8  | D<br>7.RAN       |                                           |                                | i Rs                                    | ۶D                               |
| 1040 3/                  |                                                                     |                              | 1 of 2                  |                             |                  | W W. 187 K               | OFFICE                                             |                  |                                          | 2007          |                  | (4) (4) ×                                 | * * * * 16 16 ff f             |                                         |                                  |



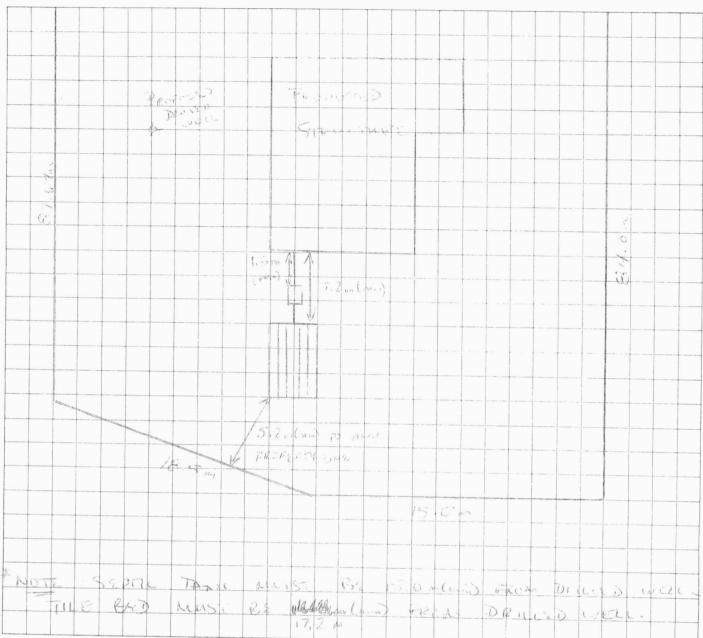
| APP  | LICAT | TON NO. |
|------|-------|---------|
| 82(s | -4)   | 805     |

12. LOT DIAGRAM AND SEWAGE SYSTEM PLAN: — Draw to scale indicating north point and showing:

a) 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 (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.

b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system.

c) If any part of proposal conforms to a specific standard drawing, give reference number(s).



|                                                                                                                                                                                             | 1 6 6 100                       |                    |                                    |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|------------------------------------|-------|
| A Certificate of Approval for this application                                                                                                                                              | on is refused for the reasons g | iven in Section 11 | Page 1                             |       |
| INSPECTED AND RECOMMENDED BY                                                                                                                                                                | REFUSED                         |                    | DATE                               |       |
|                                                                                                                                                                                             |                                 | DIRECTOR           |                                    |       |
|                                                                                                                                                                                             | CERTIFICATE OF AP               | PROVAL             |                                    |       |
| Application approved and this Certificate of for the proposal outlined on Pages 1 and 2 of Section 1, provided that the sewage system or such extended period as the Director of IS ISSUED. | or the application and its att  | achments as amend  | led by the requirements and condit | tions |
| INSPECTED AND RECOMMENDED BY                                                                                                                                                                | ISSUED                          | DIRECTOR           | 29 Sept 83                         |       |
| Under Section 121 of the Environmental Pr                                                                                                                                                   | rotection Act, an applicant     | may appeal a decis | ion by writing to the Director and | d to  |

rd, 1 St. Clair Avenue West, Toronto, Ont., M4V 1K7 within 15 days of receipt of the decision. 1040A 3/82 Page 2 of 2

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## TYPICAL DRAWING D RAISED BED - FILTER MEDIA METHOD

