

File No.: 04-1000-20-2022-435

September 20, 2022

s.22(1)

Dear s.22(1)

Re: **Request for Access to Records under the Freedom of Information and Protection of Privacy Act (the "Act")**

I am responding to your request of August 17, 2022 under the ***Freedom of Information and Protection of Privacy Act, (the Act)***, for:

Report of the Sewer backup at NationWide Self Storage at 1223 East Pender Street and any images of the misalignment of the connection to the City line. Date Range: May 1, 2022 to August 16, 2022.

All responsive records are attached. Some information in the records has been severed, (blacked out), under s.22(1) of the Act. You can read or download this section here: http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00

Under section 52 of the Act, and within 30 business days of receipt of this letter, you may ask the Information & Privacy Commissioner to review any matter related to the City's response to your FOI request by writing to: Office of the Information & Privacy Commissioner, info@oipc.bc.ca or by phoning 250-387-5629.

If you request a review, please provide the Commissioner's office with: 1) the request number (#04-1000-20-2022-435); 2) a copy of this letter; 3) a copy of your original request; and 4) detailed reasons why you are seeking the review.

Yours truly,

[Signed by Cobi Falconer]

Cobi Falconer, MAS, MLIS, CIPP/C
Director, Access to Information & Privacy
cobi.falconer@vancouver.ca
453 W. 12th Avenue Vancouver BC V5Y 1V4

If you have any questions, please email us at foi@vancouver.ca and we will respond to you as soon as possible. Or you can call the FOI Case Manager at 604-871-6584.

Encl. (Response Package)

:kt

Work Slip

SCANNED

ENTERED

SAP Charge # SR 1969536	Address & Location: 1223 E PENDER				Responsible	
Work Order # 1874676	Work Order Activity				Created Date	
Group Project #	Problem U/S 57026	Sub Activity	Assigned To		Crew ID	
Work Order Comments: 1/5 C/O						
Reference #1	CHEDWICK s.22(1)				Billable?	
Reference #2						
Collection Agency		Collection Method		Zone	Beat	
Service Request #						
Contact Name			Contact Phone		Contact Type	
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District
SAN	229465				29 59	
Asset Details:						
Safety & Asset Notes: CONN 9005 TO PENDER / NO MAINS 2/W. NOT IN MAP BOOK!						
PM Sched.	Maint. Sched.	Due Date	Zone	Last Completed Work Order		
Crew Comments SYSTEM IS PUMPED WE COULD NOT FIND ASSESS TO CITY SIDE / TOLD TO CALL MECHANICAL PLUMBER.						
Work Completed Date: JUN 18/22			Print Name: s.22(1)		Crew ID: 23	

CONTACT:		PHONE:		INVOICE #: 57026																					
BILLING ADDRESS: 1223 E Pender		DATE: June 18/22		SIGNATURE: WITH <input checked="" type="checkbox"/> WITHOUT <input type="checkbox"/>																					
TIME STARTED: 1200pm	TIME END: 100pm	<input checked="" type="checkbox"/> After <input checked="" type="checkbox"/> Call		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ACTIVITY</th> <th>EQUIPMENT USED</th> </tr> <tr> <td>SLM <input type="checkbox"/></td> <td>HAND RODS <input type="checkbox"/></td> </tr> <tr> <td>SLB <input checked="" type="checkbox"/></td> <td>ROTO-ROOTER <input type="checkbox"/></td> </tr> <tr> <td>PLUGGED MAIN <input type="checkbox"/></td> <td>LARGE CUTTER <input type="checkbox"/></td> </tr> <tr> <td>SPECIALS <input type="checkbox"/></td> <td>SMALL CUTTER <input type="checkbox"/></td> </tr> <tr> <td>CB <input type="checkbox"/></td> <td>HUMMINGBIRD <input type="checkbox"/></td> </tr> <tr> <td>CCTV <input type="checkbox"/></td> <td>BRUSH <input type="checkbox"/></td> </tr> <tr> <td>TV FOR REUSE <input type="checkbox"/></td> <td>FLUSHER <input type="checkbox"/></td> </tr> <tr> <td>INVESTIGATION <input type="checkbox"/></td> <td>CCTV <input checked="" type="checkbox"/></td> </tr> <tr> <td>INSTALL C/O <input type="checkbox"/></td> <td>OTHER: <input type="checkbox"/></td> </tr> </table>		ACTIVITY	EQUIPMENT USED	SLM <input type="checkbox"/>	HAND RODS <input type="checkbox"/>	SLB <input checked="" type="checkbox"/>	ROTO-ROOTER <input type="checkbox"/>	PLUGGED MAIN <input type="checkbox"/>	LARGE CUTTER <input type="checkbox"/>	SPECIALS <input type="checkbox"/>	SMALL CUTTER <input type="checkbox"/>	CB <input type="checkbox"/>	HUMMINGBIRD <input type="checkbox"/>	CCTV <input type="checkbox"/>	BRUSH <input type="checkbox"/>	TV FOR REUSE <input type="checkbox"/>	FLUSHER <input type="checkbox"/>	INVESTIGATION <input type="checkbox"/>	CCTV <input checked="" type="checkbox"/>	INSTALL C/O <input type="checkbox"/>	OTHER: <input type="checkbox"/>
ACTIVITY	EQUIPMENT USED																								
SLM <input type="checkbox"/>	HAND RODS <input type="checkbox"/>																								
SLB <input checked="" type="checkbox"/>	ROTO-ROOTER <input type="checkbox"/>																								
PLUGGED MAIN <input type="checkbox"/>	LARGE CUTTER <input type="checkbox"/>																								
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INVESTIGATION <input type="checkbox"/>	CCTV <input checked="" type="checkbox"/>																								
INSTALL C/O <input type="checkbox"/>	OTHER: <input type="checkbox"/>																								
WORKED FROM INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TOILET <input type="checkbox"/> STACK <input type="checkbox"/> C/O <input type="checkbox"/> SUMP <input type="checkbox"/> D/U <input type="checkbox"/>	ADDITIONAL ACCESS LOCATION DETAILS Additional details: NO ACCESS Distance from access location to main: _____ m		PRECONDITION WITH CCTV GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> N/A POOR <input type="checkbox"/>																						
DEFECT/BLOCKAGE ROOTS <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> GREASE <input type="checkbox"/> SOLIDS <input type="checkbox"/> DEBRIS <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER/ UNKNOWN: _____		LOCATION OF DEFECT / BLOCKAGE FROM ACCESS POINT INSIDE PL <input type="checkbox"/> _____ M to _____ M AT PL <input type="checkbox"/> _____ M OUTSIDE PL <input type="checkbox"/> _____ M to _____ M <input type="checkbox"/> NO BLOCKAGE <input type="checkbox"/> ADDITIONAL INFO: _____		REQUIRE TO CLEAN YES <input type="checkbox"/> N/A NO <input type="checkbox"/>																					
		ASSET TYPE SAN CONN <input checked="" type="checkbox"/> SAN MAIN <input type="checkbox"/> COMB CONN <input type="checkbox"/> COMB MAIN <input type="checkbox"/> STORM CONN <input type="checkbox"/> STORM MAIN <input type="checkbox"/> METRO MAIN <input type="checkbox"/>		AFTER CLEANING GOOD <input type="checkbox"/> POOR <input checked="" type="checkbox"/> N/A FAIR <input type="checkbox"/> SOUND TEST GOOD <input checked="" type="checkbox"/> N/A POOR <input type="checkbox"/> FAIR <input type="checkbox"/>																					
		COMPLETE <input checked="" type="checkbox"/> INCOMPLETE <input type="checkbox"/>		MAIN CLEANING REQ. BLOCKED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FLUSH <input type="checkbox"/> ROOT CUT <input type="checkbox"/> MH #: _____ TO MH #: _____																					
ADDITIONAL WORK <input type="checkbox"/>		CHART:																							
SYMBOLS TREE SHRUB HEDGE SEWER MANHOLE STOPPAGE		NATION WIDE SELF STORAGE 12 23 BUILD IN 2019! EPENDOR																							
CONNECTION PRIVATE SIDE REPLACED <input checked="" type="checkbox"/> CITY SIDE REPLACED <input checked="" type="checkbox"/>		DEPTH @ PL _____ M PL IS N/A M FROM C/O PL OFFSET _____ M N S E W of N S E W		DEPTH @ MAIN _____ M DEPTH @ HOUSE _____ M																					
WYE MEASUREMENTS: _____ M FROM DOWNSTREAM MH _____ M B/M																									
FOR OFFICE USE ONLY CIPP CANDIDATE <input type="checkbox"/> CCTV <input type="checkbox"/> SEND LETTER # _____		MAINTAIN SCHED <input type="checkbox"/> FULL SURVEY REQ <input type="checkbox"/> CHANGE FREQUENCY: 6 MTH <input type="checkbox"/> 12 MTH <input type="checkbox"/> 18 MTH <input type="checkbox"/> 24 MTH <input type="checkbox"/>																							
		ADD TO SLM PROGRAM <input type="checkbox"/> INVITE TO SLM W/SIG <input type="checkbox"/> REMOVE FROM PROG <input type="checkbox"/> CHANGE WITHOUT to WITH SIGNATURE <input type="checkbox"/> CHANGE WITH to WITHOUT SIGNATURE <input type="checkbox"/>																							
		NO CHARGE <input type="checkbox"/> SHARE <input type="checkbox"/> CHARGE <input checked="" type="checkbox"/> DATE ADDED TO PROGRAM: _____ INVOICE CANCELLED BY: _____ DATE INVOICE CANCELLED: _____																							
COMMENTS: NO ACCESS		INITIALS: LS DATE: 7/18/2022																							
SUPT COMMENTS:		SUPT SIGNATURE:																							

Date: June 18 20 22

Time Started 1200 AM/PM
Time Finished 100 AM/PM

Applicant's Initial GW

Applicant's Initial GW

(Owner's name and address if not the applicant)

Applicant GARY WOODS Owner _____

Property Address 1223 E Pender Address _____

Postal Co. V6A1W7 Phone No. s.22(1) Postal Co. _____ Phone No. _____

For more information about Sewers & Drainage Systems, please visit us at:

vancouver.ca/home-property-development/water-and-sewer.aspx

Terms & Conditions

1. It is the responsibility of the applicant/owner to provide a safe, accessible clean out to the building's sanitary and storm drainage systems as per the Vancouver Building By-law & City of Vancouver OH&S Policy AE-010-02, & Workers Compensation Act .
2. City crews may work from a toilet stub if there is no other suitable or available access to the building's main sewer line, and the toilet must be removed prior to the crew's arrival.
3. If the applicant/owner is physically unable to remove the toilet, the crew may consider performing this service if the toilet is clean and in good condition, posing no foreseeable issue for reinstallation, and subject to the applicant/owner reading and signing the Toilet Removal Waiver to acknowledge his/her understanding of the waiver and that the City accepts no liability for damages when removing and/or reinstalling the toilet.
4. The applicant/owner agrees to pay all costs in accordance with the Sewer And Watercourse By-law 8093. A summary of findings will be included with the invoice.
5. City crews cannot advise if potential charges will or will not apply related to the cause of the blockage

The undersigned hereby releases and discharges the City of Vancouver and its respective officials, officers, employees, servants or agents (the "City") and covenants and agrees to indemnify and save harmless the City from and against all claims, losses, actions, builders' liens, indirect or consequential damages (and including loss of use and damages arising out of delays) which may arise or accrue to the undersigned or any person, firm or corporation against the City or which the City may pay, incur, sustain or be put to and that arise or would not have been incurred but for the conduct of the work, or any portion thereof, by City employees, which work in the opinion of the City Engineer is the responsibility of the undersigned or any third party other than the City. Without limiting the generality of the foregoing, the undersigned will be responsible for the cost of any work conducted by City employees at or in the vicinity of the property which is necessitated by an obstruction originating from the property or by any damage to the sewer lines caused by the undersigned or a third party other than the City regardless of whether the obstructed or damaged sewer lines are located on private property or on City of Vancouver property.

Eng 586(20)

I, the undersigned, agree to the above terms and conditions

Applicant [Signature] Date June 18 20 22

City Engineer Per [Signature]

57026 U

Work Slip

2nd call

SAP Charge #	Address & Location: 1223 E PENDER ST			Responsible
EES1574676				Sewer Operations
Work Order #	Work Order Activity			Created Date
1574676	Maintenance(1223 E PENDER SLB)			2022/06/17
Group Project #	Problem	Sub Activity	Assigned To	Crew ID
		SCUT	DONG CHHIM	40

Work Order Comments: Accepted T and C. Chedwick Schultz is property manager s.22(1) or Site Contact - Any employee s.22(1)

↳ Available until 6pm.

Reference #1				Billable?
Reference #2				Y
Collection Agency		Collection Method	Zone	Beat

Service Request #	R1969536 (Sewage Backup/Flooding)					
Contact Name			Contact Phone		Contact Type	
NATIONWIDE SELF STORAGE					Other	
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District
Service Line (SAN)	229465		IN_SERVICE	CBA09	R09	1

Asset Details: PVC 100 mm C/O: UNKNOWN OPEN TRENCH - SANDSTONE

Safety & Asset Notes: He would like a crew on Saturday morning Due He is going home at 5:30pm SOON

PM Sched.	Maint. Sched.	Due Date	Sched. Group	Zone	Last Completed Work Order
	1				2018/07/05; 945800; Inspection & QC (SW-2017 01153 SO REUSE 1223)

Crew Comments

There is No Body going to be here after 5:30 pm
He opened at 9:00AM TO 5:00 PM on SATURDAY morning
crew checked city main cleared. and Flowing
JOB incomplete

Work Completed Date: June 17/22	Print Name: chhim D/D. Milliken	Crew ID: 40
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CONTACT: chedwick schultz		PHONE: s.22(1)		INVOICE #: 56973 U	
BILLING ADDRESS: 1223 E render st		DATE: June 17/22		SIGNATURE:	WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/>
TIME STARTED: 5:21 pm		TIME END: 5:38 pm		Day After Call	
WORKED FROM	ADDITIONAL ACCESS LOCATION DETAILS		PRECONDITION WITH CCTV		EQUIPMENT USED
INSIDE <input type="checkbox"/>	Additional details: Distance from access location to main: N/A m		GOOD <input type="checkbox"/>		HAND RODS <input type="checkbox"/>
FAIR <input type="checkbox"/>			ROTO-ROOTER <input type="checkbox"/>		
POOR <input checked="" type="checkbox"/>			LARGE CUTTER <input type="checkbox"/>		
REQUIRE TO CLEAN			SMALL CUTTER <input type="checkbox"/>		
YES <input type="checkbox"/>			CCTV <input type="checkbox"/>		
OUTSIDE <input type="checkbox"/>			NO <input type="checkbox"/>		HUMMINGBIRD <input type="checkbox"/>
TOILET <input type="checkbox"/>			ASSET TYPE		BRUSH <input type="checkbox"/>
STACK <input type="checkbox"/>			SAN CONN <input type="checkbox"/>		FLUSHER <input type="checkbox"/>
C/O <input type="checkbox"/>			SAN MAIN <input type="checkbox"/>		CCTV <input type="checkbox"/>
SUMP <input type="checkbox"/>			COMB CONN <input type="checkbox"/>		OTHER:
D/U <input type="checkbox"/>			COMB MAIN <input type="checkbox"/>		
DEFECT/BLOCKAGE		LOCATION OF DEFECT / BLOCKAGE		AFTER CLEANING	MAIN CLEANING REQ.
ROOTS <input type="checkbox"/>	FROM ACCESS POINT		GOOD <input type="checkbox"/>		BLOCKED: YES <input type="checkbox"/>
LIGHT <input type="checkbox"/>	INSIDE PL <input type="checkbox"/> M to M		POOR <input type="checkbox"/>		NO <input checked="" type="checkbox"/>
MEDIUM <input type="checkbox"/>	AT PL <input type="checkbox"/> M		FAIR <input type="checkbox"/>		FLUSH <input type="checkbox"/>
HEAVY <input type="checkbox"/>	OUTSIDE PL <input type="checkbox"/> M to M		SOUND TEST		ROOT CUT <input type="checkbox"/>
GREASE <input type="checkbox"/>	NO BLOCKAGE <input type="checkbox"/>		GOOD <input type="checkbox"/>		MH #: _____ TO
SOLIDS <input type="checkbox"/>	ADDITIONAL INFO:		POOR <input type="checkbox"/>		MH #: _____
DEBRIS <input type="checkbox"/>			FAIR <input type="checkbox"/>		
STRUCTURAL <input type="checkbox"/>			COMPLETE <input type="checkbox"/>		INCOMPLETE <input type="checkbox"/>
OTHER/ UNKNOWN:					ADDITIONAL WORK <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 20%;">SYMBOLS TREE SHRUB HEDGE SEWER MANHOLE STOPPAGE </div><div style="width: 80%; height: 150px;"></div></div>					
CONNECTION		DEPTH @ PL _____ M	PL IS 1/11 M FROM C/O	DEPTH @ MAIN _____ M	
PRIVATE SIDE REPLACED <input type="checkbox"/>		PL OFFSET _____ M	N S E W of N S E W	DEPTH @ HOUSE _____ M	
CITY SIDE REPLACED <input type="checkbox"/>	WYE MEASUREMENTS: _____ M FROM DOWNSTREAM MH _____ M B/M				
FOR OFFICE USE ONLY					
CIPP CANDIDATE <input type="checkbox"/>	MAINTAIN SCHED <input type="checkbox"/>	FULL SURVEY REQ <input type="checkbox"/>	ADD TO SLM PROGRAM <input type="checkbox"/>	NO CHARGE <input checked="" type="checkbox"/>	DATE ADDED TO PROGRAM: _____
CCTV <input type="checkbox"/>	CHANGE FREQUENCY:		REMOVE FROM PROG <input type="checkbox"/>	SHARE <input type="checkbox"/>	INVOICE CANCELLED BY: _____
SEND LETTER # _____	6 MTH <input type="checkbox"/>	12 MTH <input type="checkbox"/>	CHANGE WITHOUT to WITH SIGNATURE <input type="checkbox"/>	CHARGE <input type="checkbox"/>	DATE INVOICE CANCELLED: _____
	18 MTH <input type="checkbox"/>	24 MTH <input type="checkbox"/>	CHANGE WITH to WITHOUT SIGNATURE <input type="checkbox"/>		
COMMENTS:					
SUPT COMMENTS:					
INITIALS: LS DATE: 7/18/2022					
City of Vancouver - FOI 2022-438 Page 5 of 14					

Date: June 17 20 22

Time Started 5:21 AM/PM (B)

Applicant's Initial C S

Time Finished 5:38 AM/PM (B)

Applicant's Initial C S

(Owner's name and address if not the applicant)

Applicant Chadwick Schultz Owner _____

Property Address _____ Address 1223 E pencil ST

Postal Co. _____ Phone No. _____ Postal Co. _____ Phone No. s.22(1)

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4. The applicant/owner agrees to pay all costs in accordance with the Sewer And Watercourse By-law 8093. A summary of findings will be included with the invoice.
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Eng 586(20)

I, the undersigned, agree to the above terms and conditions

Applicant Chadwick Schultz Date June 17 20 22

City Engineer Per Chhim Dong

56973 U

Work Slip

Open at
8:30AM

ENTERED

SAP Charge #	Address & Location: 1223 E PENDER ST			Responsible
EES1574676				Sewer Operations
Work Order #	Work Order Activity			Created Date
1574676	Maintenance(1223 E PENDER SLB)			2022/06/17
Group Project #	Problem	Sub Activity	Assigned To	Crew ID
		SCUT	DONG CHHIM	D1317
Work Order Comments: Accepted T and C. Chedwick Schultz is property manager - s.22(1) or Site Contact - Any employee - s.22(1)				

Reference #1				Billable?		
Reference #2				Y		
Collection Agency		Collection Method	Zone	Beat		
Service Request #	R1969536 (Sewage Backup/Flooding)					
Contact Name		Contact Phone	Contact Type			
NATIONWIDE SELF STORAGE			Other			
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District
Service Line (SAN)	229465		IN_SERVICE	CBA09	R09	1
Asset Details: PVC 100 mm C/O: UNKNOWN OPEN TRENCH - SANDSTONE						

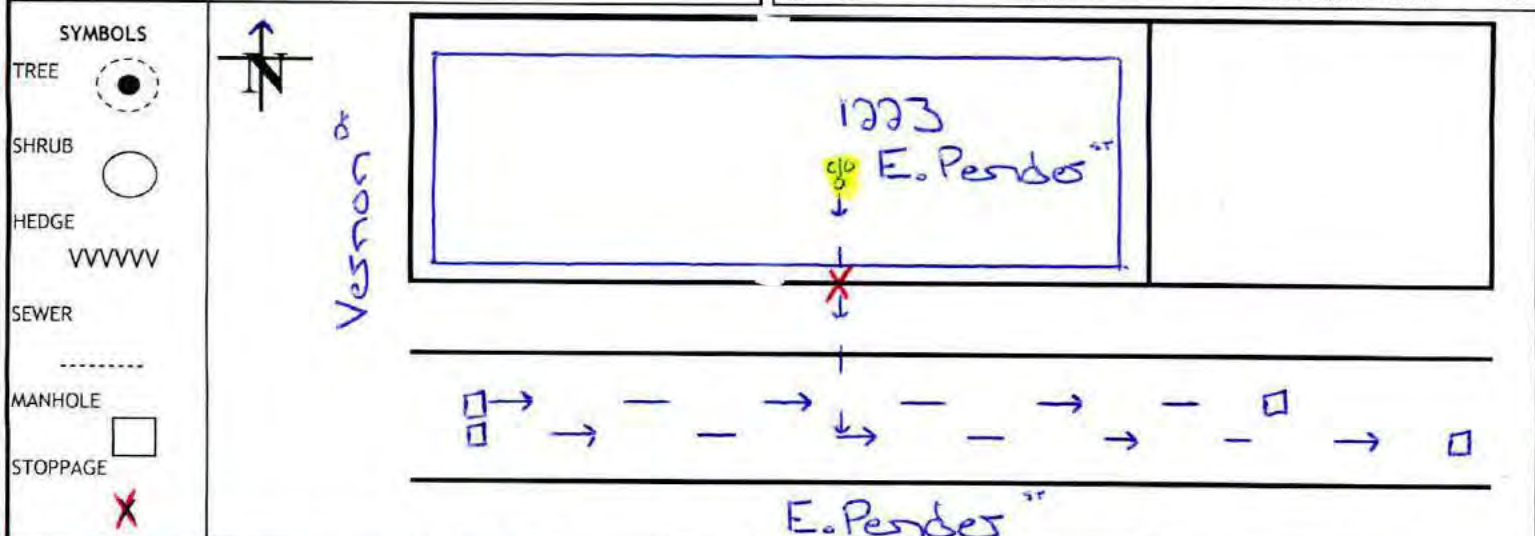
Safety & Asset Notes:

PM Sched.	Maint. Sched.	Due Date	Sched. Group	Zone	Last Completed Work Order
	1				2018/07/05; 945800; Inspection & QC (SW-2017 01153 SO RELISE 1223)
Crew Comments					

TV'd I/S Toilet access, under water right away. Couldn't pass b.7m, which is P.L., ran R.R w/ medium cutter, cleared blockage, re-TV'd, found 20% misalignment @ PL which was holding back solids. Will need repaired. It's at P.L., 1.82m deep, + 33.7m W of E P.L. Pic sent to Clint Fleury. Private + City side relayed.

Work Completed Date: 21 June 22	Print Name: s.22(1)	Crew ID: D1317
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CONTACT:		PHONE:		INVOICE #: 56980	
BILLING ADDRESS: 1723 E. Pender St		DATE: 21 June 22		SIGNATURE: WITH <input checked="" type="checkbox"/> WITHOUT <input type="checkbox"/>	
TIME STARTED: 9:00 a.m.		TIME END: 10:38 a.m.		Day After Call	
WORKED FROM:		ADDITIONAL ACCESS LOCATION DETAILS		PRECONDITION WITH CCTV	
INSIDE <input checked="" type="checkbox"/> OUTSIDE <input type="checkbox"/> TOILET <input checked="" type="checkbox"/> STACK <input type="checkbox"/> C/O <input type="checkbox"/> SUMP <input type="checkbox"/> D/U <input type="checkbox"/>		Additional details: _____ _____ _____ Distance from access location to main: 15.2 m		GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input checked="" type="checkbox"/> REQUIRE TO CLEAN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DEFECT/BLOCKAGE		LOCATION OF DEFECT / BLOCKAGE		ASSET TYPE	
ROOTS <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> GREASE <input type="checkbox"/> SOLIDS <input type="checkbox"/> DEBRIS <input type="checkbox"/> STRUCTURAL <input checked="" type="checkbox"/> OTHER/ UNKNOWN: _____		FROM ACCESS POINT INSIDE PL <input type="checkbox"/> _____ M to _____ M AT PL <input checked="" type="checkbox"/> 6.7 M OUTSIDE PL <input type="checkbox"/> _____ M to _____ M NO BLOCKAGE <input type="checkbox"/> ADDITIONAL INFO: 20% misalignment		SAN CONN <input type="checkbox"/> SAN MAIN <input type="checkbox"/> COMB CONN <input checked="" type="checkbox"/> COMB MAIN <input type="checkbox"/> STORM CONN <input type="checkbox"/> STORM MAIN <input type="checkbox"/> METRO MAIN <input type="checkbox"/>	
				AFTER CLEANING	
				GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input checked="" type="checkbox"/>	
				SOUND TEST	
				GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/>	
				MAIN CLEANING REQ.	
				BLOCKED: YES <input type="checkbox"/> NO <input type="checkbox"/> FLUSH <input type="checkbox"/> ROOT CUT <input type="checkbox"/> MH #: _____ TO MH #: _____	
				COMPLETE <input checked="" type="checkbox"/> INCOMPLETE <input type="checkbox"/> ADDITIONAL WORK <input type="checkbox"/>	



CONNECTION		DEPTH @ PL _____ M		PL IS 6.7 M FROM C/O		DEPTH @ MAIN _____ M	
PRIVATE SIDE REPLACED <input checked="" type="checkbox"/>							
CITY SIDE REPLACED <input checked="" type="checkbox"/>		PL OFFSET _____ M		N S E W of N S E W		DEPTH @ HOUSE _____ M	
WYE MEASUREMENTS:		_____ M FROM DOWNSTREAM MH _____ M B/M					
FOR OFFICE USE ONLY							
CIPP CANDIDATE <input type="checkbox"/>		MAINTAIN SCHED <input type="checkbox"/>		ADD TO SLM PROGRAM <input type="checkbox"/>		NO CHARGE <input type="checkbox"/>	
CCTV <input type="checkbox"/>		FULL SURVEY REQ <input type="checkbox"/>		INVITE TO SLM W/SIG <input type="checkbox"/>		SHARE <input type="checkbox"/>	
SEND LETTER # 9		CHANGE FREQUENCY:		REMOVE FROM PROG <input type="checkbox"/>		CHARGE <input checked="" type="checkbox"/>	
6 MTH <input type="checkbox"/>		12 MTH <input type="checkbox"/>		CHANGE WITHOUT to WITH SIGNATURE <input type="checkbox"/>		INVOICE CANCELLED BY: _____	
18 MTH <input type="checkbox"/>		24 MTH <input type="checkbox"/>		CHANGE WITH to WITHOUT SIGNATURE <input type="checkbox"/>		DATE INVOICE CANCELLED: _____	
COMMENTS: CONNECTION INSTALLED IN 2005 - REUSED IN 2019							
SPT COMMENTS: zero lot line Parlene to review							
				INITIALS: CC DATE: JUNE 23, 2022			

SAP Charge # <i>SR 1969536</i>	Address & Location: <i>1223 E PENDER</i>				Responsible	
Work Order #	Work Order Activity				Created Date	
Group Project #	Problem <i>U/S 57026</i>	Sub Activity	Assigned To		Crew ID	
Work Order Comments: <i>1/5 c/o</i>						
Reference #1	<i>CHEDWICK</i> s.22(1)				Billable?	
Reference #2						
Collection Agency		Collection Method		Zone	Beat	
Service Request #						
Contact Name			Contact Phone		Contact Type	
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District
					<i>29</i>	
Asset Details:					<i>59</i>	
Safety & Asset Notes: <i>CONN 9005 TO PENDER / NO MAINS L/N.</i> <i>NOT IN MAP BOOK!</i>						
PM Sched.	Maint. Sched.	Due Date	Zone	Last Completed Work Order		
Crew Comments <i>SYSTEM IS PUMPED WE COULD NOT FIND ASSESS TO CITY SIDE / TOLD TO CALL MECHANICAL PLUMBER.</i>						
Work Completed Date: <i>Nov 18/22</i>			Print Name: s.22(1)		Crew ID: <i>23</i>	

CONTACT:		PHONE:		INVOICE #: 57026	
BILLING ADDRESS: 1223 E Pender		DATE: June 18/22		SIGNATURE: WITH <input checked="" type="checkbox"/> WITHOUT <input type="checkbox"/>	
TIME STARTED: 1200pm		TIME END: 100pm		<input checked="" type="radio"/> After <input type="radio"/> Call	
WORKED FROM:		ADDITIONAL ACCESS LOCATION DETAILS		PRECONDITION WITH CCTV GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>	
INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> TOILET <input type="checkbox"/> STACK <input type="checkbox"/> C/O <input type="checkbox"/> SUMP <input type="checkbox"/> D/U <input type="checkbox"/>		Additional details: NO ACCESS Distance from access location to main: _____ m		REQUIRE TO CLEAN YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEFECT/BLOCKAGE		LOCATION OF DEFECT / BLOCKAGE		ASSET TYPE SAN CONN <input checked="" type="checkbox"/> SAN MAIN <input type="checkbox"/> COMB CONN <input type="checkbox"/> COMB MAIN <input type="checkbox"/> STORM CONN <input type="checkbox"/> STORM MAIN <input type="checkbox"/> METRO MAIN <input type="checkbox"/>	
ROOTS <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> GREASE <input type="checkbox"/> SOLIDS <input type="checkbox"/> DEBRIS <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> OTHER/ UNKNOWN:		FROM ACCESS POINT INSIDE PL <input type="checkbox"/> _____ M to _____ M AT PL <input type="checkbox"/> _____ M OUTSIDE PL <input type="checkbox"/> _____ M to _____ M NO BLOCKAGE <input type="checkbox"/> ADDITIONAL INFO:		AFTER CLEANING GOOD <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> SOUND TEST GOOD <input checked="" type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/>	
				MAIN CLEANING REQ. BLOCKED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> FLUSH <input type="checkbox"/> ROOT CUT <input type="checkbox"/> MH #: _____ TO _____	
				COMPLETE <input checked="" type="checkbox"/> INCOMPLETE <input type="checkbox"/> ADDITIONAL WORK <input type="checkbox"/>	
SYMBOLS TREE SHRUB HEDGE SEWER MANHOLE STOPPAGE		NATION WIDE SELF STORAGE 12 23 BUILD IN 2019! E PENDER			
CONNECTION		DEPTH @ PL _____ M		PL IS _____ M FROM C/O	
PRIVATE SIDE REPLACED <input checked="" type="checkbox"/>		CITY SIDE REPLACED <input checked="" type="checkbox"/>		PL OFFSET _____ M	
WYE MEASUREMENTS:		M FROM DOWNSTREAM MH		M B/M	
FOR OFFICE USE ONLY		MAINTAIN SCHED <input type="checkbox"/>		ADD TO SLM PROGRAM <input type="checkbox"/> NO CHARGE <input type="checkbox"/> DATE ADDED TO PROGRAM:	
CIPP CANDIDATE <input type="checkbox"/>		FULL SURVEY REQ <input type="checkbox"/>		INVITE TO SLM W/SIG <input type="checkbox"/> SHARE <input type="checkbox"/>	
CCTV <input type="checkbox"/>		CHANGE FREQUENCY:		REMOVE FROM PROG <input type="checkbox"/> CHARGE <input type="checkbox"/> INVOICE CANCELLED BY:	
SEND LETTER # _____		6 MTH <input type="checkbox"/> 12 MTH <input type="checkbox"/> 18 MTH <input type="checkbox"/> 24 MTH <input type="checkbox"/>		CHANGE WITHOUT to WITH SIGNATURE <input type="checkbox"/> CHANGE WITH to WITHOUT SIGNATURE <input type="checkbox"/> DATE INVOICE CANCELLED:	
COMMENTS:					
Supt COMMENTS:					
INITIALS: _____ DATE: _____ Supt SIGNATURE: _____					

Work Slip

2nd call

COPY

SAP Charge #	Address & Location: 1223 E PENDER ST			Responsible
EES1574676				Sewer Operations
Work Order #	Work Order Activity			Created Date
1574676	Maintenance(1223 E PENDER SLB)			2022/06/17
Group Project #	Problem	Sub Activity	Assigned To	Crew ID
		SCUT	DONG CHHIM	40

Work Order Comments: Accepted T and C. Chedwick Schultz is property manager - s.22(1) or Site Contact - Any employee - s.22(1)

→ Available until 6pm.

Reference #1		Billable?
Reference #2		Y
Collection Agency	Collection Method	Zone

Service Request #	R1969536 (Sewage Backup/Flooding)					
Contact Name	Contact Phone			Contact Type		
NATIONWIDE SELF STORAGE			Other			
Asset Type	Asset ID #	B.U.N	Status	Asset Area	Map # (Facet)	District
Service Line (SAN)	229465		IN_SERVICE	CBA09	R09	1

Asset Details: PVC 100 mm C/O: UNKNOWN OPEN TRENCH - SANDSTONE

Safety & Asset Notes: He would like a crew on Saturday morning Due He is going home at 5:30 PM SOON

PM Sched.	Maint. Sched.	Due Date	Sched. Group	Zone	Last Completed Work Order
	1				2018/07/05; 945800; Inspection & QC (SW-2017 01153 SO REUSE 1223)

Crew Comments		
There is No Body going to be here after 5:30 pm He opened at 9:00 AM TO 5:00 PM on Saturday morning crew checked city main cleared. and Flowing Job incomplete		
Work Completed Date: June 17/22	Print Name: chhim D/D. MILLIKEN	Crew ID: 40

CONTACT: chedwick schultz		PHONE: s.22(1)		INVOICE #: 56973 U	
BILLING ADDRESS: 1223 E render st		DATE: June 17/22		SIGNATURE: WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/>	
TIME STARTED: 5:21 pm		TIME END: 5:38 pm		Day After Call	
WORKED FROM		ADDITIONAL ACCESS LOCATION DETAILS		PRECONDITION WITH CCTV	
INSIDE <input type="checkbox"/>		Additional details:		GOOD <input type="checkbox"/>	
OUTSIDE <input type="checkbox"/>				FAIR <input type="checkbox"/>	
TOILET <input type="checkbox"/>				POOR <input checked="" type="checkbox"/>	
STACK <input type="checkbox"/>				REQUIRE TO CLEAN	
C/O <input type="checkbox"/>				YES <input type="checkbox"/>	
SUMP <input type="checkbox"/>		Distance from access location to main:		NO <input type="checkbox"/>	
D/U <input type="checkbox"/>		MCA m			
DEFECT/BLOCKAGE		LOCATION OF DEFECT / BLOCKAGE		ASSET TYPE	
ROOTS <input type="checkbox"/>		FROM ACCESS POINT		SAN CONN <input type="checkbox"/>	
LIGHT <input type="checkbox"/>		INSIDE PL <input type="checkbox"/> M to M		SAN MAIN <input type="checkbox"/>	
MEDIUM <input type="checkbox"/>		AT PL <input type="checkbox"/> M		COMB CONN <input type="checkbox"/>	
HEAVY <input type="checkbox"/>		OUTSIDE PL <input type="checkbox"/> M to M		COMB MAIN <input type="checkbox"/>	
GREASE <input type="checkbox"/>		NO BLOCKAGE <input type="checkbox"/>		STORM CONN <input type="checkbox"/>	
SOLIDS <input type="checkbox"/>		ADDITIONAL INFO:		STORM MAIN <input type="checkbox"/>	
DEBRIS <input type="checkbox"/>				METRO MAIN <input type="checkbox"/>	
STRUCTURAL <input type="checkbox"/>				COMPLETE <input type="checkbox"/>	
OTHER/ UNKNOWN:				INCOMPLETE <input type="checkbox"/>	
SYMBOLS				AFTER CLEANING	
TREE <input type="checkbox"/>				GOOD <input type="checkbox"/>	
SHRUB <input type="checkbox"/>				POOR <input type="checkbox"/>	
HEDGE <input type="checkbox"/>				FAIR <input type="checkbox"/>	
V V V V V				SOUND TEST	
SEWER				GOOD <input type="checkbox"/>	
MANHOLE <input type="checkbox"/>				POOR <input type="checkbox"/>	
STOPPAGE X				FAIR <input type="checkbox"/>	
				MAIN CLEANING REQ.	
				BLOCKED: YES <input type="checkbox"/>	
				NO <input checked="" type="checkbox"/>	
				FLUSH <input type="checkbox"/>	
				ROOT CUT <input type="checkbox"/>	
				MH #: TO	
				MH #: TO	
				ADDITIONAL WORK <input type="checkbox"/>	
CONNECTION		DEPTH @ PL M		PL IS M FROM C/O	
PRIVATE SIDE REPLACED <input type="checkbox"/>					
CITY SIDE REPLACED <input type="checkbox"/>		PL OFFSET M		N S E W of N S E W	
WYE MEASUREMENTS:		M FROM DOWNSTREAM MH		M B/M	
FOR OFFICE USE ONLY		MAINTAIN SCHED <input type="checkbox"/>		ADD TO SLM PROGRAM <input type="checkbox"/>	
CIPP CANDIDATE <input type="checkbox"/>		FULL SURVEY REQ <input type="checkbox"/>		NO CHARGE <input type="checkbox"/>	
CCTV <input type="checkbox"/>		CHANGE FREQUENCY:		SHARE <input type="checkbox"/>	
SEND LETTER #		6 MTH <input type="checkbox"/> 12 MTH <input type="checkbox"/>		REMOVE FROM PROG <input type="checkbox"/>	
		18 MTH <input type="checkbox"/> 24 MTH <input type="checkbox"/>		CHARGE <input type="checkbox"/>	
				CHANGE WITHOUT to WITH SIGNATURE <input type="checkbox"/>	
				CHANGE WITH to WITHOUT SIGNATURE <input type="checkbox"/>	
COMMENTS:				INVOICE CANCELLED BY:	
				DATE INVOICE CANCELLED:	
SURT COMMENTS:				INITIALS: DATE:	
				SURT SIGNATURE:	

Date: June 21 20 22

Time Started 9:00 AM/PM
Time Finished 10:38 AM/PM

Applicant's Initial _____

Applicant's Initial _____

(Owner's name and address if not the applicant)

Applicant _____ Owner _____

Property Address _____ Address 1223 E. Pender

Postal Co. _____ Phone No. _____ Postal Co. _____ Phone No. _____

For more information about Sewers & Drainage Systems, please visit us at:

vancouver.ca/home-property-development/water-and-sewer.aspx

Terms & Conditions

1. It is the responsibility of the applicant/owner to provide a safe, accessible clean out to the building's sanitary and storm drainage systems as per the Vancouver Building By-law & City of Vancouver OH&S Policy AE-010-02, & Workers Compensation Act.
2. City crews may work from a toilet stub if there is no other suitable or available access to the building's main sewer line, and the toilet must be removed prior to the crew's arrival.
3. If the applicant/owner is physically unable to remove the toilet, the crew may consider performing this service if the toilet is clean and in good condition, posing no foreseeable issue for reinstallation, and subject to the applicant/owner reading and signing the Toilet Removal Waiver to acknowledge his/her understanding of the waiver and that the City accepts no liability for damages when removing and/or reinstalling the toilet.
4. The applicant/owner agrees to pay all costs in accordance with the Sewer And Watercourse By-law 8093. A summary of findings will be included with the invoice.
5. City crews cannot advise if potential charges will or will not apply related to the cause of the blockage

The undersigned hereby releases and discharges the City of Vancouver and its respective officials, officers, employees, servants or agents (the "City") and covenants and agrees to indemnify and save harmless the City from and against all claims, losses, actions, builders' liens, indirect or consequential damages (and including loss of use and damages arising out of delays) which may arise or accrue to the undersigned or any person, firm or corporation against the City or which the City may pay, incur, sustain or be put to and that arise or would not have been incurred but for the conduct of the work, or any portion thereof, by City employees, which work in the opinion of the City Engineer is the responsibility of the undersigned or any third party other than the City. Without limiting the generality of the foregoing, the undersigned will be responsible for the cost of any work conducted by City employees at or in the vicinity of the property which is necessitated by an obstruction originating from the property or by any damage to the sewer lines caused by the undersigned or a third party other than the City regardless of whether the obstructed or damaged sewer lines are located on private property or on City of Vancouver property.

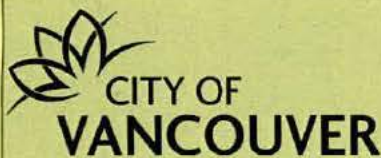
Eng 586(20)

I, the undersigned, agree to the above terms and conditions

Applicant _____ Date _____ 20 _____

City Engineer Per _____

56980 U



Engineering Services

56980 U

GST Reg # 121361042

White - Applicant Copy
Yellow - Office/AccountingDate: June 21 2022Time Started 9:00 AM/PM

Applicant's Initial _____

Time Finished 10:38 AM/PM

Applicant's Initial _____

(Owner's name and address if not the applicant)

Applicant _____ Owner _____

Property Address _____ Address 1223 E. Pender

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Eng 586(20)

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Applicant _____ Date _____ 20 _____

City Engineer Per [Signature]

56980 U