



Additional Sewage System Information

Project Information
Address of Project:
Owner Name:

Type of Sewage Permit Application (please check one)	
	New System (no system exists to date on this property or the existing system is to be replaced with a new system)
	Repair/Alteration to an Existing System (a permitted system exists and is currently in use on the property today but requires repair to the bed or tank, replacement of the tank or any other type of minor material alteration in order to comply with the requirements of Part 8 of the OBC)

Determination of Design Flow

Residential Fixture Units (include all fixtures in out buildings and basements connected to the proposed system)			
Bathroom Groups (1 toilet, 1 lavatory and 1 bathtub or shower or combo tub/shower)		X 6	FU's
Toilets (not counted in bathroom group)		X 4	FU's
Lavatory (not counted in bathroom group)		X 1.5	FU's
Shower <u>and/or</u> bathtub <u>and/or</u> tub/shower (not counted in bathroom group)		X 1.5	FU's
Sinks (ie. kitchen, laundry, wash basin ect...)		X 1.5	FU's
Dishwashers		X 1	FU's
Washing Machines		X 1.5	FU's
Any other fixtures not otherwise listed _____		X ____	FU's
		Total Fixture Units:	
		Total L/day for additional fixture units:	
Number of Bedrooms (including bedrooms in basement)			
Existing:	Proposed:	Total:	Total L/day for # of bedrooms:
Square Footage of Finished Area (excluding basements)			
Existing:	Proposed:	Total:	Total L/day for finished area:

Commercial, Industrial or Institutional	
Type of Building	
Method of Calculation for Daily Flow Rate	
Total L/day:	

Total Daily Designed Sanitary Sewage Flow	Q=
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Site Information

Water Supply		Type of Native Subsoil and Subsoil Conditions
Municipal Water		Soil Type:
Drilled Well		Est. Percolation Rate (T-time):
Dug Well		Depth to High Water Table:
Shallow Point Well		Sieve Analysis Report #:

Distance from Septic Distribution Lines to:		Are there any of the following items on or adjacent to the property of the proposed septic?	
Lakes, pond, reservoir, river, spring, stream		Right of Way	
Closest adjacent well (on or off the property)		Shared Access Easement	
Closest Structure		Municipal Drain or Drainage Easement	
Property Line		Service Easement or Land Use Agreement	

Type of Distribution System

Type of Bed	Type and size of tank	Pump and pump chamber required?
Absorption Trench – In Ground	Existing or New	Yes or No
Fill Based Absorption Trench		
Shallow Buried Trench	Size:	Size:
Filter Bed – In Ground		
Raised Filter Bed	Concrete or PVC	Concrete or PVC
Type A Dispersal Bed		

Bed Configuration Details

Absorption Trench: In Ground () Fill Based () Treatment Unit ()				
Type of Trench			Total Length of Distribution Pipe:	Expanded Contact Area (Including Mantel):
PVC Pipe and Stone	Chamber	Shallow Buried Trench		

Filter Bed: In Ground () Raised () Treatment Unit ()		
Distribution Area (Top of Filter Medium):	Filter Medium Area (At Base):	Expanded Contact Area (Inc. Mantel):

Type A Dispersal Bed: Treatment Unit Required		
Stone Layer:	Sand Layer:	Expanded Sand Layer:

Treatment Unit Information

Manufacturers Model # and/or Type of Unit	Note: A maintenance agreement in conformance with the requirements of OBC 8.9.2.3. will be required prior to allowing occupancy of the building
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Declarations

Please complete **either** the Owner portion **or** the Designer or Installer/Supervisor portion as it pertains to your specific circumstances of application

Owner (if taking responsibility as Designer and Installer)

I, (print name) _____ am the owner of the property for which the system as specified within this application is to be installed, and I am exempted from the requirements for registration and qualification by the Ontario Building Code (as outlined in Schedule 1: Designer Information) in this application as such, and I do recognize that the responsibilities and duties as assigned to the designer and installers of sewage systems under Part 8 of the Ontario Building Code do also now apply to me, and I do certify that all the information provided on this Application to Permit Sewage System Construction or Repair and all other submitted design information and material is correct and true to the best of my knowledge.

Signed: _____ Dated: _____

Designer or Installer Supervisor

I, (print name) _____ have been at the time of completion and submission of this application, authorized and retained by the owner to act as the applicant and,

() Designer

Initial: _____

() Installer/Supervisor

Initial: _____

as the titles apply to me and as defined by the Ontario Building Code Act, 1992., and I do certify that all the information provided on this Application to permit Sewage System Construction or Repair and all other submitted design information and materials is correct and true to the best of my knowledge.

Signed: _____ Dated: _____

BCIN #: _____

Personal Information contained in this form and schedule is collected under the authority of subsection 8 (1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992. Questions about the collection of personal information may be addressed to the Chief Building Official.