

# Application to Install a Septic System

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: _____ <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>				
A. Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other description		
Project value est. \$		Area of work <div style="text-align: right; margin-right: 50px;">m<sup>2</sup>    or    ft<sup>2</sup></div>		
B. Purpose of application				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
C. Applicant				
Applicant is: Owner		or	Authorized agent of owner	
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax	Cell number		
D. Owner (if different from applicant)				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax	Cell number		

<b>E. Builder (optional)</b>				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
Telephone number		Fax		Cell number
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.				
<b>H. Completeness and compliance with applicable law</b>				
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.			Yes	No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .			Yes	No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	No
<b>I. Declaration of applicant</b>				
I _____ declare that:				
(print name)				
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.				
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
_____		_____		
Date		Signature of applicant		

Personal information contained in this form and schedules 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: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

## Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of Designer</span> </p>			

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
Yes (Continue to Section C)		No (Continue to Section E)	
		Installer unknown at time of application (Continue to Section E)	
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p style="margin-left: 40px;">I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p>			

## Schedule 3: Site and Design Information

### A. Building Information:

No. Bedrooms	Daily Sewage Volume (Litres)	Total
1	750	
2	1100	
3	1600	
4	2000	
5	2500	

PLUMBING FIXTURES	TOTAL # EXISTING FIXTURE	TOTAL # PROPOSD FIXTURE	X FIXTURE UNITS =	TOTAL
Bathroom Grouping (toilet, sink, tub, shower)			X 6	
<b>OR</b>				
<b>INDIVIDUAL UNITS</b>				
Toilet (tank operated)			X 4	
Basin			X1.5	
Bathtub (with or without shower)			X 1.5	
Shower Stall			X 1.5	
Bidet			X 1	
Kitchen Sink			X 1.5	
Dishwasher			X 1	
Washing Machine			X 1.5	
Laundry Tub			X 1.5	
<b>TOTAL FIXTURE UNITS</b>				

Total Fixture Units (over 20 fixture units, add 50L/day per unit)	
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Livable Floor area m <sup>2</sup> (over 200 m <sup>2</sup> add 100 L/day per 10 m <sup>2</sup> )	
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<b>TOTAL DAILY SEWAGE FLOW</b>	Litres/day
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**Note:**

1. Sump pumps and floor drains are not to be connected to the sewage system as connection of such fixtures to a sewage system may lead to hydraulic failure of the system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may be discharged to a sewage system (Part 8, OBC, 8.1.3.1.(2)).
3. Other: Garbage Grinder  Yes  No      Whirlpool/Hot Tub  Yes  No
4. Is there a Water Filter  and/or Water Softener  that backwashes into the sewage system?

**B. Water Supply**

On municipal water service (Lake Huron pipeline)

Well Information (if applicable all wells within 30 metres, whether or not in use, must be plotted on site plan and listed below):

Existing       Proposed

Municipal       Communal       Private

Dug or Bored Well       Drilled Well       Sandpoint Well       Lake, River or Stream

**C. Percolation Rate**

(Refer to Schedule 4: Soil Design Criteria and Site Evaluation)

1. Unified soil classification in sewage system area: \_\_\_\_\_

2. Percolation rate of native soil: T = \_\_\_\_ min/cm.

Check applicable:  Estimated (Unified System)       Tested On-site (Test Pit)       Lab Analysis (Attach Report)

3. Describe soil mantle (down gradient from sewage system): \_\_\_\_\_

4. Depth to bedrock: \_\_\_\_\_

5. Depth to high water groundwater table: \_\_\_\_\_

**D. Type of Sewage System Proposed:**

1. Engineered:  Yes       No

2.      New Development       Replacement of Existing System       Repair of Existing System       Addition to Existing System

3.  Residential                               Commercial

4. System Class:

Class 2 (Leaching Pit)

Class 3 (Cesspool)

Class 4 (Area Bed)                               In-Ground       Fully Raised       Partially Raised

Class 4 (Aerobic with Trench))               In-Ground       Fully Raised       Partially Raised

Class 4 (Aerobic with Filter Media)       In-Ground       Fully Raised       Partially Raised

Class 4 (Filter Media)                               In-Ground       Fully Raised       Partially Raised

Class 4 (Shallow Buried Trench)               In-Ground       Fully Raised       Partially Raised

Class 5 (Holding Tank )

Other \_\_\_\_\_

(add separate approved design specifications)

5. Alternate Treatment System:

Number of Units \_\_\_\_\_      Make \_\_\_\_\_      Model \_\_\_\_\_

Annual Maintenance Agreement:  Yes       No

6. Septic Tank :

Concrete       Plastic

Tank Size: \_\_\_\_\_ Litres

7. Pump Required:  Yes       No

**Note:** alarm required for all pumping systems

**E. Leaching Bed:**

Site to be Scarified (if in clay)     Yes     No

Clay Seal required (if in bedrock)     Yes     No

Length of distribution pipe \_\_\_\_\_ m                  Depth of Imported Fill \_\_\_\_\_ m    T = \_\_\_\_\_ min/cm

Leaching Bed Fill Area \_\_\_\_\_ m<sup>2</sup>                  Filter Medium Surface \_\_\_\_\_ m<sup>2</sup>                  Filter Medium Base \_\_\_\_\_ m<sup>2</sup>

Imported Mantle:     Yes                   No

**F. Site Plan:**

An aerial and cross sectional site plan is required and must contain the following information: (Please provide checkmarks below to verify the information is accurately plotted on the site plan).

- Location and dimensions of all buildings
- All wells in use or otherwise within a 30 metre (100 ft) radius of the proposed sewage system
- All existing and proposed structures and swimming pools
- All driveways and proposed access routes for septic system maintenance
- The location of any unsuitable, disturbed or compacted areas
- All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- Any slopes (include slope degree and direction)
- All field drains, underground hydro, water services and basement drains
- Proposed system layout including all system components including mantles and their setbacks from structure, lot lines and wells
- The cross-sectional view of the proposed sewage system which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark for tiles)

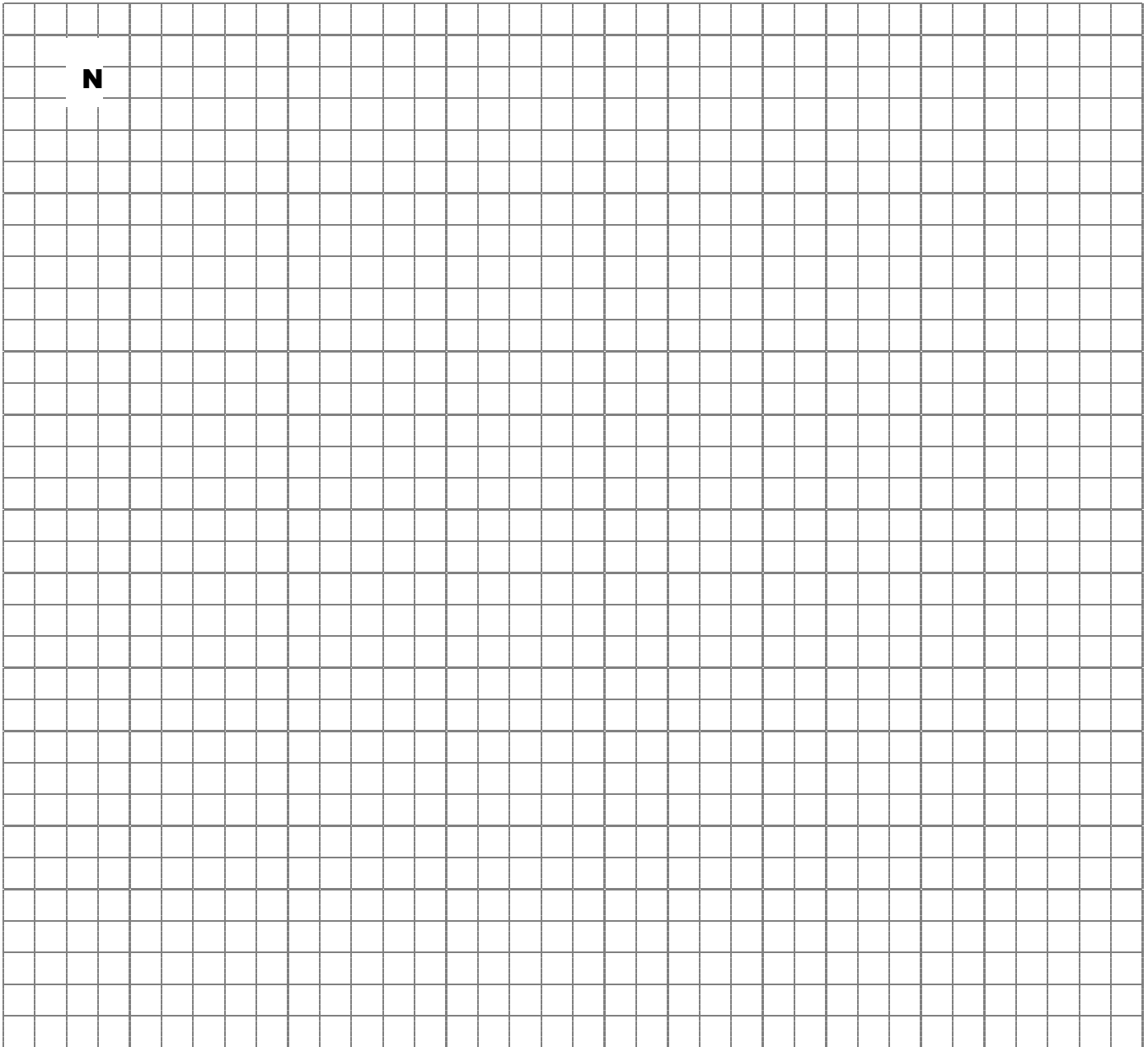
## Schedule 4: Soil Design Criteria and Site Evaluation

<b>A. Percolation Rate of Design Soil (T)</b>					
Percolation Rate of Design Soil T =        min/cm  <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T =        min/cm  <input type="checkbox"/> Native <input type="checkbox"/> Imported	<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached			
<p><b>Note:</b> The Township of Ashfield-Colborne-Wawanosh requires documentation on the soils proposed to be used to determine the percolation rate ("T"-time) for conventional type fields or its suitability for filter bed sand in filter bed systems.</p> <p style="text-align: center;"><i>All reports must be dated within 12 months of construction.</i></p>					
<b>B. Percolation Rate and Classification of Native Soil</b>					
<input type="checkbox"/> Laboratory Analysis (Attached Report) <input type="checkbox"/> Test on Site (Test Pit) <input type="checkbox"/> Estimated (Unified System)					
TEST PIT SOIL DATA					
TEST PIT #1			TEST PIT #2		
Rock or Ground Water Table	Depth (metres)	Description of Soil	Rock or Ground Water Table	Depth (metres)	Description of Soil
	- 0 -			- 0 -	
	- 0.25 -			- 0.25 -	
	- 0.50 -			- 0.50 -	
	- 0.75 -			- 0.75 -	
	- 1.00 -			- 1.00 -	
	- 1.25 -			- 1.25 -	
	- 1.50 -			- 1.50 -	
	- 1.80 -			- 1.80 -	
Depth to Groundwater		_____ m	Depth to Groundwater		_____ m
Seasonal High Groundwater		_____ m	Seasonal High Groundwater		_____ m
Depth to Bedrock		_____ m	Depth to Bedrock		_____ m
ESTIMATED PERCOLATION RATE OF NATIVE SOIL					
	T-time (min/cm)	Soil Type (Unified Soil Classification System)			
<input type="checkbox"/>	4 – 12	Gravel, Sand Mix, some fines	GM – Permeable to medium permeable, depending on amount of silt.		
<input type="checkbox"/>	12 – 50	Clayey Gravel, gravel-sand-clay mixtures	GC – Important to estimate amount of silt and clay.		
<input type="checkbox"/>	2 – 12	Gravel, Sand Mix, some fines	SW – Medium permeability		
<input type="checkbox"/>	2 – 8	Gravelly Sand, uniform, some fines	SP – Medium permeability		
<input type="checkbox"/>	8 – 20	Silty Sand / Loam Mix	SM – Medium to low permeability		
<input type="checkbox"/>	12 – 50	Clayey Sand/Silty Loam Mix	SC - Medium to low permeability depending on amount of clay		
<input type="checkbox"/>	20 – 50	Inorganic silts/Clayey Silts	ML – Medium to low permeability		
<b>T = _____ min/cm</b>					



# Schedule 5: Sewage System Site Plan

O Dug Well ● Drilled Well ◆ Neighbouring Homes ◇ Benchmark --- Tile Drainage — Property  
Line I nclude house, tank and tile bed elevations with existing and proposed grades



## Sewage System Cross Section

