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Application for a Sewage System Permit

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: <u>Municipality of Trent Hills</u> (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m ²)	
B. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> 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

E. Builder (optional)				
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
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
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): _____				
G. Required Schedules				
i) Attach Schedules 1 through 10 where application is to construct, install or repair a sewage system.				
H. Completeness and compliance with applicable law				
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
I. Declaration of applicant				
I _____ declare that: (print name)				
<ol style="list-style-type: none"> The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 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.

A. Project Information			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
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			
D. Declaration of Designer			
<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"> 1. The information contained in this schedule is true to the best of my knowledge. 2. I have submitted this application with the knowledge and consent of the firm. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </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

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
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)	
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>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>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"> 1. The information contained in this schedule 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. <p style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

Schedule 4: Design Summary

Is this request for the demolition of an existing sewage disposal system? Yes No

If Yes, please provide written confirmation that the septic tank will be pumped, and removed or filled. Once complete it will be backfilled and graded with clean fill material and that all private drain connections will be excavated and properly sealed.

1) Engineer design required Yes No (Determined by the classification of the building, see municipal building official)
Complete the General Commitment form, and provide engineered sealed drawings

2) Total daily design flow: _____ litres per day

3) Native soil percolation rate : _____ min/cm (provide lab test if requested by the inspector)

Note: The test pits (3) are ready for inspection and they are identified on site with caution tape.

Yes No

4) Septic tank size: _____ litres (Res) or _____ litres (I/C/I) or holding tank size: _____ litres

5) Leaching bed design:

A. Tertiary system manufacturer and type _____ BMEC Attached Yes No

B. Absorption trench system _____ meters of piping

Fill Required: Yes No

Depth of fill: _____ meters

Please indicate the depth of the bottom of the stone layer either above or below original grade:*

Bottom of Stone Layer _____ meters below/above original grade

C. Filter bed size _____ m² Filter sand contact area _____ meters

Fill required: Yes No

Depth of fill: _____ meters

Please indicate the depth of the bottom of the stone layer either above or below original grade:*

Bottom of stone layer _____ meters Below/Above original grade

D. Loading rate area _____ m²

E. 15 meter constructed mantle required: Yes No

*Note: At least 900mm above the high ground water table, rock or solid with a percolation time less than 1 or greater than 50 minutes.

Schedule 5: Design criteria

Fixture unit count chart										
Description	# Existing	+	# New (proposed)	=	Total	X	Fixture unit	=	Fix. count	Office use
<i>Example only: Lav</i>	<i>0</i>	<i>+</i>	<i>1</i>	<i>=</i>	<i>1</i>	<i>X</i>	<i>1.5</i>	<i>=</i>	<i>1.5</i>	
Bath groups (toilet, sink, tub/shower)		+		=		X	6	=		
Sinks		+		=		X	1.5	=		
Wash basin (lav)		+		=		X	1	=		
Bathtub/showers		+		=		X	1.5	=		
Flush toilets		+		=		X	4	=		
Dishwasher (standalone)		+		=		X	1.5	=		
Washing machine		+		=		X	1.5	=		
Laundry tub		+		=		X	1.5	=		
Floor drain (size)___		+		=		X		=		
Other:		+		=		X		=		
Total fixture units (addition of fixture count column)								=		
Design flow calculation chart: Residential										
Residential occupancy (1)							Existing	New	Volume (litres)	Flows
(A) bedroom flow	1 bedroom house								750	
	2 bedroom house								1100	
	3 bedroom house								1600	
	4 bedroom house								2000	
	5 bedroom dwelling								2500	
(B) extra bedroom	each bedroom over 5,								500	
(C) living area (a) flow	each 10 m ² (or part thereof) over 200 m ² up to 400 m ² ,								100	
	each 10 m ² (or part thereof) over 400 m ² up to 600 m ² ,								75	
	each 10 m ² (or part thereof) over 600 m ² or								50	
(D) Fixture Count Flow	each Fixture Unit (or part thereof) over 20 fixture units,								50	

(a) Total finished area, excluding the area of the finished basement.

Design flow calculation "Q": Residential			
(A) bedrooms _____ + (B) extra bedroom _____ + (C) living area _____ or (D) fixture count _____			
A+ B + (C or D) = Total residential daily design sewage flow: "Q": _____ litres/day			
Design flow calculation chart: All other occupancies			
All other occupancies (Please provide a data matrix) (2) (3) (4) (5)			Volume (litres)
OBC Div. B Table 8.2.1.3.B	Establishment listed (describe)		Flows
	a)		
	b)		
	c)		
	d)		
	Establishment not listed (Include address)		
Provide the highest of metered flow data from at least 3 similar establishments	1.		
	2.		
	3.		
Design flow calculation "Q"			
A + B + C + D = Total daily design sewage flow: "Q", _____ litres/day			

Notes to chart:

1. Provide residential house plan drawings with all residential applications showing m², number of bedrooms, location of each plumbing fixture.
 - a) Total finished area, excluding the area of the finished basement.
2. A building which is Post Disaster or required by OBC Division C 1.2.2.1 and Table 1.2.2.1 shall have "general review" by an architect and/or a professional engineer. Provide a "Commitment of General Review" with this application.
3. The occupant load shall be calculated using OBC Div. B subsection 3.1.17
4. Provide a data matrix with all "other occupancies"
5. If a data matrix is not available or the information below is not indicated on the data matrix, provide:

a) the area of the building in m ² _____,	d) # of passengers _____,
b) occupant load _____,	e) # of residents _____,
c) # of employees per 8 hr. shift _____,	f) # of seats _____,
g) # of showers, _____	i) # of vehicles served _____,
h) # of fuel outlets _____,	j) # of drive-ins per space _____,
k) # of practitioners, _____,	drain _____,
l) # of stalls, kennels or cage with a floor drain _____,	
m) # of loading bays _____,	
n) # of water closets _____,	

Schedule 6: Calculations

"Q" Daily design sewage flow calculation from Schedule 5 _____ liters/day

Test hole findings and percolation rate:

Designer/ installer estimated percolation rate from test hole soil conditions T time: _____ min/cm

Lab test attached: Yes No (Note: may be requested by the inspector)

Depth from existing grade to high water table mark _____m _____ ft

Septic or holding tank size:

Residential occupancy: Q Sewage flow: _____ x 2 = _____ liters (Minimum 3600 liters)

Industrial/ commercial/ institutional: Q Sewage flow: _____ x 3 = _____ liters

Holding tank: Q Sewage flow: _____ x 7 days = _____ litres (Minimum 9000 litres)

Note: (the holding tank application is to be accompanied with a haulers agreement)

Complete the calculations for one of the systems below:

1) Leaching bed size: "L" length of pipe = "Q" sewage flow x "T" percolation time

$$L = \frac{QT}{200} = \frac{\quad X \quad}{200} = \quad \text{m. of pipe (} \quad \text{ft.)}$$

2) Filter bed size: "Q" sewage flow \leq 3000 liters/ day: "Q" sewage flow \div 75 = m²

$$\quad \div 75 = \quad \text{m}^2 \text{ of filter bed}$$

Filter bed size: "Q" sewage flow \geq 3000 liters/ day: "Q" sewage flow \div 50 = m²

$$\quad \div 50 = \quad \text{m}^2 \text{ of filter bed}$$

Filter bed contact area of filter sand:

$$\text{Area} = \frac{\text{Q sewage flow} \times \text{T percolation time}}{850} = \quad \text{m}^2 \text{ filter sand contact area}$$

$$A = \frac{QT}{850} = \frac{\quad X \quad}{850} = \quad \text{m}^2 \text{ filter sand contact area}$$

Expanded filter sand contact area is to be no less than the filter bed size.

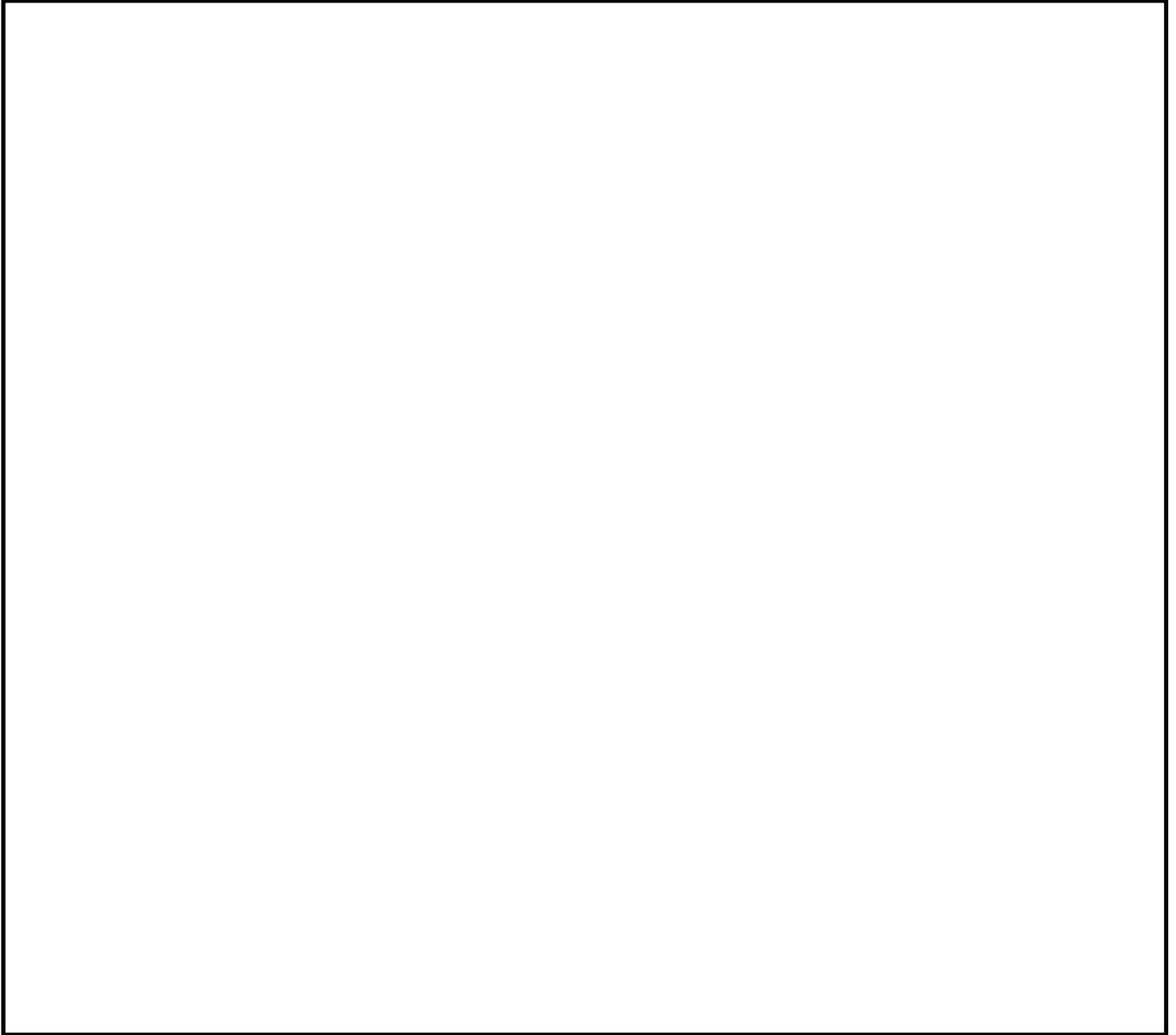
3) Tertiary system calculations: (please attach separate page to show calculations as required by the manufacturer)

Schedule 7: Cross-section

Side view profile of sewage system

Note: Show elevation for water table, bedrock or impermeable layer, existing grade etc.

Show elevation of finished grade with respect to original grade.



Schedule 8: Site plan

Indicate north point and show the following required information:

- | | | |
|--------------------------------------|----------------------------|--|
| 1. Septic tank and leaching bed | 7. Existing sewage systems | 13. Topographical features (steep slopes, swamps etc.) |
| 2. Pump chambers | 8. Driveways | 14. Direction of slope |
| 3. Loading rate area | 9. Surface waters | 15. Direction of surface and ground water flow |
| 4. 15 meter mantle area | 10. Property lines | |
| 5. Proposed structure | 11. Foundation drain | |
| 6. Water supplies (incl. neighbours) | 12. Eaves trough discharge | |

Note: The loading rate area and the 15 meter mantle area are to be free of structures.

Water supply for this property is provided by a dug well / drilled well (depth)/ shoreline well/ municipal system please enter the type or if other explain_____

Schedule 9: Commitment to general reviews, architect/ engineers

To be completed by the owner or owner's authorized agent, and signed
by all consultants retained for general review

Part A: Owner's undertaking

Address of project: _____

Municipality: _____

WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in Ontario;
NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:

1. The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the bases for issuance of a building permit in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded promptly to the Senior Plumbing/Sewage System Inspector, and
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Senior Plumbing/ Septic System Inspector will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction.

The undersigned hereby certifies that he/she has read and agrees to the above

Name of owner: _____ Date: _____

Address of owner: _____ Telephone: _____

Signature of owner (agent): _____ Print name: _____

Email: _____

Coordinator of the work of all consultants: _____ Telephone: _____

Address: _____ Email: _____

Part B: Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of the building permit, in accordance with the performance standards of the OAA and/or PEO.

To be completed by the consultants

Mechanical: Site services (eg. sanitary, storm sewer, domestic water and/or fire service, septic system)

Consultant name: _____ Signature: _____ Print name: _____

Telephone: _____ Email: _____ Address: _____

Mechanical: Interior plumbing system

Consultant name: _____ Signature: _____ Print name: _____

Telephone: _____ Email: _____ Address: _____

Schedule 10: Location details

Please provide directions to the property if a civic address (911 number) is not available at time of the application. Show full street names, County road numbers, intersecting streets, signs, landmarks, nearby property addresses, etc.

