

**Subject Land Information**

<b>Permit Application Number:</b> <small>*Grey Section For Use by Principal Authority</small>	<b>Date Received:</b>	<b>Date Submitted:</b>

Municipal Address: \_\_\_\_\_

Lot and Concession: \_\_\_\_\_ Sublot: \_\_\_\_\_

Roll Number: \_\_\_\_\_ Register Plan: \_\_\_\_\_

**Application Screening Checklist**

	Yes	No
1) Is/was zoning required to permit the proposed construction or land use to which this proposed sewage system will serve?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is/was a minor variance required to permit the proposed structure or land use to which the sewage system will serve?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does this property require a site plan approval?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the proposed sewage system located in an area of the property that is regulated by a Conservation Authority?	<input type="checkbox"/>	<input type="checkbox"/>
5) Are there any overhead power lines located either above or within <b>(add local authority distance)</b> metres of the proposed sewage system location?	<input type="checkbox"/>	<input type="checkbox"/>
6) Is the property adjacent a highway?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the property fall within a source water protection area?	<input type="checkbox"/>	<input type="checkbox"/>

*The above questions are intended to assist the applicant from submitting an application in contravention of applicable law. It is the responsibility of the applicant to submit any required accompanying supporting documentation/permit(s).*

*The applicant is responsible for providing accurate information.*

**Application Checklist**

Floor Plans	<input type="checkbox"/>	Applicable law supporting information i.e. conservation authority permit	<input type="checkbox"/>
Schedule 1: Designer Information	<input type="checkbox"/>	Proposed Sewage System Layout/Lot Diagram	<input type="checkbox"/>
Schedule 2: Sewage System Installer Information	<input type="checkbox"/>	Sewage System Cross Section Diagram	<input type="checkbox"/>
Application for a Permit to Construct or Demolish (2 Pages)	<input type="checkbox"/>	Owner Authorization	<input type="checkbox"/>
Plan of Survey	<input type="checkbox"/>	Application Fee	<input type="checkbox"/>
Lot Grading/Drainage Plan	<input type="checkbox"/>	Other:	<input type="checkbox"/>
<i>Note: Not all may apply to the jurisdiction</i>		Describe "Other": _____	

**Site Information**

<b>Water Supply:</b>	<b>Existing:</b>	<b>Proposed:</b>	<b>Date of Assessment:</b> _____
Municipal:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Depth to High Groundwater (metres):</b> _____
Bored/Dug Well:	<input type="checkbox"/>	<input type="checkbox"/>	
Drilled Well:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Depth to Bedrock (metres):</b> _____
Surface Water:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Casing Length (m) (if applicable):	_____		
Describe "Other"	_____		

	Depth (metres)	Soil Type/Description	Percolation Rate (min/cm)
<b>Test Hole No. 1</b>	m		
	m		
	m		
	m		
<b>Test Hole No. 2</b>	m		
	m		
	m		
	m		

*Note: Inspector may request sieve results for native and/or imported material.*

*Note: Provide percolation rate of sewage system receiving soil.*

*Note: Minimum of two test holes a minimum of 1.8 metres deep or limiting bedrock/groundwater excavated in the proposed leaching bed area.*

*Note: Test holes must be protected until they are inspected, then backfilled.*

*Note: Depths based on existing ground elevations, proposed revised elevations must be depicted on the design drawings.*

**Calculation of Residential Design Flow**

**Fixture Unit Calculation**

Fixture Unit Type	Principal Dwelling				Secondary Dwelling				=	Total Fixtures	X	Fixture Units	Total Fixture Unit Value
	No. of Existing	+	No. of Proposed	+	No. of Existing	+	No. of Propose	+					
Bathroom Group		+		+		+		+	=		X	6	
Water Closet		+		+		+		+	=		X	4	
Lavatory		+		+		+		+	=		X	1.5	
Bathtub or Shower		+		+		+		+	=		X	1.5	
Sink(s)		+		+		+		+	=		X	1.5	
Dishwasher*		+		+		+		+	=		X	1.0	
Clothes Washer		+		+		+		+	=		X	1.5	
Other:		+		+		+		+	=		X		
Other:		+		+		+		+	=		X		
Other:		+		+		+		+	=		X		
<b>Totals</b> <small>(sum above in blue boxes)</small>													<b>Total Fixture Unit Value:</b>

Is there a water softener or filter that backwashes to the sanitary plumbing:

Are there any floor drains connected to the sanitary plumbing:

Is there a sink garbage grinder (garburator) connected to the sanitary plumbing:

\*If dishwasher is directly connected to kitchen drain then fixture unit is 0

Yes No

	Principle Dwelling	Subtotal Principle daily design flow(L/Day)	Secondary Dwelling	Subtotal Secondary daily design flow(L/Day)	Total
No. of Bedrooms:					
Finished Floor Area (m <sup>2</sup> ):					
<b>Total Fixture Unit Value:</b>					

<b>Total Daily Design Flow (L/Day):</b>	
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**Calculation of "Other Occupancies" Design Flow**

Fill Out The Table Below With Establishment And Associated Unit Flow As Per Table 8.2.1.3.B

Table 8.2.1.3.B	Establishment		Unit Volume	X	No. of Units	Daily Flow	Space For Additional Calculation/Notes
	a)	b)					
				X			
				X			
				X			
				X			
				X			
<b>Total Daily Design Flow (L):</b>							

Note: The occupant load shall be calculated using OBC Div. B subsection 3.1.17.

Note: Where the occupancy is not listed in Table 8.2.1.3.B., consult with the regulator regarding metred flow data or approved equivalent occupancies.

**Design Flow Calculation Summary "Q" - Other Occupancies**

<b>Total Daily Sewage Flow (L/day):</b>	
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**Sewage System Class**

Check appropriate box below:

Class 2     
  Class 3     
  Class 4     
  Class 5

Class 2 Greywater System Design Details				Class 3 Cesspool System Design Details			
Dimensions:	Length (m)		Proposed Sidewall Area m <sup>2</sup>	<i>Please provide a description of the proposed cesspool design, describe sewage source and attach layout and cross section drawings.</i>			
	Width (m)						
	Depth (m)						
Describe Sidewall Structure Material:							
Describe Imported Material Including Percolation Rate as Necessary:							

**Class 4 Leaching Bed Systems**

Septic Tank Size (L working capacity):

**Conventional Absorption Trench**

Total Length of Distribution Pipe:	Minimum:	<input type="text"/>	m	Proposed:	<input type="text"/>	m	Configured as:	<input type="text"/>	runs	at	<input type="text"/>	m, each
Total Length of Distribution Pipe with Advanced Treatment Unit or Type II Leaching Chamber:	Minimum:	<input type="text"/>	m	Proposed:	<input type="text"/>	m	Configured as:	<input type="text"/>	runs	at	<input type="text"/>	m, each
Loading Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Provide Leaching Chamber Type (If Required):												
Provide Percolation Rate of Imported Fill (If Required):											<input type="text"/>	min/cm
If Raised, Provide Height Above Existing Grade to Bottom of Trench or Chamber:											<input type="text"/>	m

**Filter Bed**

Filter Bed Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Base of Filter Medium:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Loading Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Length of Pipe/Chamber:		<input type="text"/>	m	Configured as:	<input type="text"/>	runs	at	<input type="text"/>	m, each			
If Raised, Provide Height Above Existing Grade to Bottom of Distribution Area (Stone) or Leaching Chamber:											<input type="text"/>	m

**Advanced (Level IV) Treatment Unit/System**

Manufacturer:	<input type="text"/>	BMEC/BNQ No.:	<input type="text"/>	<b>Attach advanced treatment system supporting approval information and signed maintenance agreement</b>
Model:	<input type="text"/>	Rated Capacity (L/day):	<input type="text"/>	
Use the following space for calculations including system sand area calculation, module/treatment unit calculations etc.				
<input type="text"/>				

**Type A Dispersal Bed**

Dispersal/Stone Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Sand Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Length of Pipe/Leaching Chamber:		<input type="text"/>	m	Configured as:	<input type="text"/>	runs	at	<input type="text"/>	m, each			
If Raised, Provide Height Above Existing Grade to Bottom of Dispersal/Leaching Chamber:											<input type="text"/>	m

**Type B Dispersal Bed**

Dispersal/Stone Area:	Minimum:	<input type="text"/>	m <sup>2</sup>	Proposed:	<input type="text"/>	m <sup>2</sup>	Configured as:	<input type="text"/>	m	X	<input type="text"/>	m
Linear Loading Rate:	Minimum:	<input type="text"/>	m		<input type="text"/>	m						
If Raised, Provide Height Above Existing Grade to Bottom of Chamber:											<input type="text"/>	m

**Shallow Buried Trench Dispersal Bed**

Length of Pipe/Leaching Chamber:	<input type="text"/>	m	Configured as:	<input type="text"/>	runs	at	<input type="text"/>	m, each
If Raised, Provide Height Above Existing Grade to Bottom of Chamber:				<input type="text"/>	m			

**Method of Distribution Line Detection**

Magnetic Means:	<input type="text"/>	Specify:	<input type="text"/>
Tracer Wire:	<input type="text"/>	(14 gauge TW solid copper light coloured plastic coated)	
Other:	<input type="text"/>	Specify:	<input type="text"/>
<i>Tracer wire to be accessible above grade to connect locator device</i>			

**Pump Chamber Information**

Minimum Pump Chamber Full Capacity (L):	<input type="text"/>	Raw (Y/N):	<input type="text"/>	Effluent (Y/N):	<input type="text"/>
Dose Volume (L):	<input type="text"/>				
Demand or Timed Dose:	<input type="text"/>				
If Timed Dose, Provide Number of Doses/Day:	<input type="text"/>	Grinder pump (Y/N): <input type="text"/>			
Control Panel Type:	<input type="text"/>				

**Class 5 Holding Tank**

Capacity (L)