

SEWAGE SYSTEMS

PERMIT APPLICATION & INFORMATION



Building Department

permits@southglengarry.com – 613-347-1166 Ext. 2205



Permit Application Checklist for Sewage Systems

Permit Requirement:

- A septic system permit is required if you plan on installing or repairing a Class 2, 3, 4 or 5 sewage system.

Building Permit Fees:

- As per "Schedule 3: Application Information" form (attached)
 - o Payable by cash, cheque, debit or online by credit card/debit

Forms required to be included as part of the Permit Application:

1. "Application for Permit to Install a Septic System" form (attached)
2. "Consent and Acknowledgment" form, if applicable (attached)
 - Required if someone other than the property owner is the permit applicant
3. "Schedule 1: Designer(s) Information" form (attached)
4. "Schedule 2: Sewage System Installer(s) Information" form (attached)
5. "Schedule 3: Application Information" form (attached)
6. "Schedule 4: Soil and Water Table Information" form (attached)
7. "Schedule 5: Permit Application/ Certificate of Change Information" form (attached)
8. "Schedule 6: As-Built- Layout Section" form (attached)
9. "Schedule 7: Fixture Unit Count" form (attached)
10. "Schedule 8: Typical Drawing A" form (attached)
11. "Schedule 9: Typical Drawing B" form (attached)
12. "Schedule 12: Ontario Building Code Maintenance and Servicing Requirements" form (attached) (if applicable)
13. "Schedule 13: Class 2 Sewage System (attached) (if applicable)

Drawings & information required to be included as part of the Permit Application:

- Site Plan illustrating information such as but not limited to the following:
- Lot size and the dimensions of property lines;
 - Existing and proposed finished ground levels or grades
 - Locations and dimensions of proposed and existing structures and their respective setback distances from property lines;
 - Location of, and distances to, municipal drains;
 - On-site sewage system location and clearance distances;
 - Existing and proposed entrances;
 - Municipal roadway and driveway location;
 - Rights of way, easements, and the location of all services;
 - North arrow
- Floor plan layout for each story



Application for a Permit to Install a Septic System

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: Township of South Glengarry, 6 Oak Street Lancaster ON K0C 1N0			
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
G. Required Schedules				
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.				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Declaration of applicant				
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.

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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> 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. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> 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. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
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.			
_____		_____	
Date		Signature of Designer	

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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?			
<input type="checkbox"/> Yes (Continue to Section C)		<input type="checkbox"/> No (Continue to Section E)	<input type="checkbox"/> 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="margin-left: 100px;">(print name)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Date Signature of applicant </p>			



Township of South Glengarry

6, Oak Street, P.O. Box 220
Lancaster, Ontario
K0C 1N0
Tel: 613-347-1166
Fax: 613-347-3411
e-mail: info@southglengarry.com

OFFICE USE ONLY

Permit #:

Date Application Received:

Schedule 3 – Application Information

1. Application form, Schedules 1 to 11 must be submitted in triplicate copies.
2. Application fees:

a) Class 2, 3 & 4 Systems, less than 10,000 L/day	\$925.00
b) Class 5 Sewage Systems, Septic Tank Replacement, Septic Bed Replacement	\$600.00
c) Minor Repairs (at the discretion of the CBO)	\$200.00
3. No application will be processed if a copy of the Transfer/Deed of Land or a municipal tax receipt and architectural drawing for the property in question are not enclosed.
4. Any changes subsequent to the original application will require that a Certificate of Change and fees be submitted to our office – **Section 8.(12)(13)(14) of the Building Code Act.**
5. Contact your local Conservation Authority if the said property is located in proximity of a waterway, in a zone subject to landslides or unstable slopes. A development permit may be required from the authority – **Section 8.(2)(a) of the Building Code Act.**
6. The Township of South Glengarry strongly recommends that fencing or equivalent protection encircle any test pit or any septic/holding tank excavation until placement of backfill material, and that tank access lids always be maintained in place. The Township of South Glengarry and its agents will not assume any responsibility for negligence relating to these safety measures.
7. The operator/owner of the sewage system shall keep it maintained at all times so that its construction remains in accordance with the requirements of the Ontario Building Code. Vehicular traffic (including snowmobiles and ATVs) must not be allowed over the leaching bed. Do not allow roof drains to discharge to the treatment unit or surface waters to drain towards the area of the leaching bed – **Section 8.9.3.2.(1)(2) of the Ontario Building Code Act.**
8. The sewage system permit will be cancelled after 12 months of the date of issuance of the said permit – **Section 8.(10)(b)(c) of the Ontario Building Code Act.**
9. Tile drainage within 8 metres of the leaching bed must be recovered or the lines broken so as to prevent the entry of sewage effluent into the drains – **Table 8.2.1.6. B and Section 8.2.1.6(2) of the Ontario Building Code.**
10. We recommend that hard maple, elm, ash, and evergreen trees be kept at a distance of 5 metres and that silver maple, soft maple, willow family, poplar, or any large trees, be kept at a distance of 8 metres. We may require a letter from the applicant accepting responsibility for any damages caused to or by any trees – **Section 8.9.3.2.(2) of the Ontario Building Code.**
11. The building shall be located and the building site graded so that water will not accumulate at or near the building and will not adversely affect any adjacent properties – **Section 3.1.17.1.(1) of the Ontario Building Code.**
12. Where piping may be exposed to freezing conditions, it shall be protected from frost (see Appendix A), **Section 7.3.5.5.(1) of the Ontario Building Code.**

Signature of owner

Date

As authorized agents, we confirm that the owners have been informed of items 1 – 12 listed above, fully understand their responsibilities and the specifics of the design.

Signature of agent (if applicable)

Date



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Permit #:

Date Application Received:

Schedule 4 - Soil and Water Table Information (Minimum depth of test pit: 2 metres)

Name of Applicant/Agent: _____ Date: _____ Applicant/Agent's signature: _____	Inspector: _____ Date: _____ Inspector's signature: _____
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EG (.....)		Soil Description	T	EG (.....)		Soil Description	T
.5 m	_____	_____	_____	.5 m	_____	_____	_____
1.0 m	_____	_____	_____	1.0 m	_____	_____	_____
1.5 m	_____	_____	_____	1.5 m	_____	_____	_____
2.0 m	_____	_____	_____	2.0 m	_____	_____	_____

EG (.....)		Soil Description	T	EG (.....)		Soil Description	T
.5 m	_____	_____	_____	.5 m	_____	_____	_____
1.0 m	_____	_____	_____	1.0 m	_____	_____	_____
1.5 m	_____	_____	_____	1.5 m	_____	_____	_____
2.0 m	_____	_____	_____	2.0 m	_____	_____	_____

LEGEND:

- | | | |
|--------------------------|--------------------------------|----------------------|
| BR = Bedrock | HGWT – High ground water table | EG = Existing grade |
| GWT = Ground water table | M = Metres | T = Percolation rate |



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Schedule 5

Permit Application/Certificate of Change

PERMIT APPLICATION

CERTIFICATE OF CHANGE

1. TYPE OF WORK PROPOSED

New Installation Replacement Alteration

2. TYPE OF WATER SUPPLY (identify all types and check applicable: P = Proposed or E = Existing)

Drilled Well: P E Sandpoint well: P E Dug/bored: P E
Municipal: P E River intake: P E Other: _____

3a) DAILY SEWAGE DESIGN FLOW

Bedrooms _____ House (floor area) _____ m²
 Persons _____ Total fixture units _____ (Schedule 7)
 Residential Flow _____ L/day Lot surface area _____ m² or

3b) DAILY DESIGN FOR OTHER OCCUPANCIES

_____ L/day
 Detailed effluent flow calculations: _____

4 TYPE OF TREATMENT UNIT (TANK) Proposed Existing

Volume: _____ L Manufacturer _____
 Tertiary: model _____
 Effluent Filter/Risers
 Make _____ Model _____

5 TYPE OF SYSTEM

Class 2 – LEACHING PIT Class 3 – CESSPOOL
 Class 4
 Conventional/Chambers Filter Media Area Bed
 Shallow Buried Filter Systems
 Class 5 – HOLDING TANK

6 DISPOSAL FIELD

CONVENTIONAL PIPE

75 mm

100 mm

Chambers Make: _____ Model: _____

Total length: _____ metres

of runs _____ of _____ metres

FILTER BED

Stone _____ m²

Pipe _____ m

Sand _____ m²

Quantity of filter media _____ m

AREA BED

Stone _____ m²

Pipe _____ m

Sand _____ m²

Spacing _____ m

FILTER SYSTEMS

Stone _____ m²

Make _____

Sand _____ m²

Model _____

SHALLOW BURIED

Pipe _____ m

Spacing _____ m

PUMP

Volume calculations _____

Specified discharge rate required _____ L/15 mins

Make _____

Model _____

DISTRIBUTION BOX/FLOW DIVIDER

Describe: _____

FROST PROTECTION REQUIRED

YES If YES, describe: _____

NO

LOADING RATE CALCULATIONS

Loading rate: _____ L/m²/d (Sections 8.7.4.1 and 8.7.5.2 of the Ontario Building Code)

Loading rate/contact area calculations: _____ L/d ÷ _____ L/m²/d = _____ m²

Percolation time of native soil: _____

Percolation time of imported leaching bed fill: _____

Dimension of excavation: _____ m x _____ m - _____ m²



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**Schedule 6
 AS-BUILT – Layout Section (Plan View)**

SEPARATION DISTANCES (METRES)

D1 _____	D4 _____	D7 _____	D10 _____	D13 _____
D2 _____	D5 _____	D8 _____	D11 _____	D14 _____
D3 _____	D6 _____	D9 _____	D12 _____	D15 _____

ELEVATIONS (METRES)

BM _____	X2 _____	X4 _____	X6 _____	X8 _____
X1 _____	X3 _____	X5 _____	X7 _____	

BOTTAM OF PIPES (METRES)

X9 _____	X10 _____	X11 _____	X12 _____
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I hereby certify that the sewage system as described in this report was installed in accordance with the requirements of the Building Code Act 1992, the Ontario Building Code 2006, local municipal bylaws, and the requirements outlined in this Sewage System Permit.

 SIGNATURE OF INSTALLER

 BCIN #

 DATE



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Schedule 7

Fixture Unit Count (Ontario Building Code Table 7.4.9.3)

	Fixtures	# Existing	+	# Proposed	X	Unit Count	=	Fixture Count
BATHROOM	Bathroom group (toilet, sink and tub or shower) with flush tank		+		X	6	=	
	Bathtub with/without overhead shower		+		X	1.5	=	
	Shower Stall		+		X	1.5	=	
	Wash Basin (1 ½ inch trap)		+		X	1.5	=	
	Watercloset (toilet) tank operated		+		X	4	=	
	Bidet		+		X	1	=	
KITCHEN	Dishwasher		+		X	1	=	
	Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+		X	1.5	=	
OTHER	Domestic washing machine		+		X	1.5	=	
	Combination sink and laundry tray single or double (installed on 1 ½ inch trap)		+		X	1.5	=	
TOTAL								

Insert the TOTAL in section 3(a) of Schedule 5.

1. Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said 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 discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner's Signature: _____

Date: _____

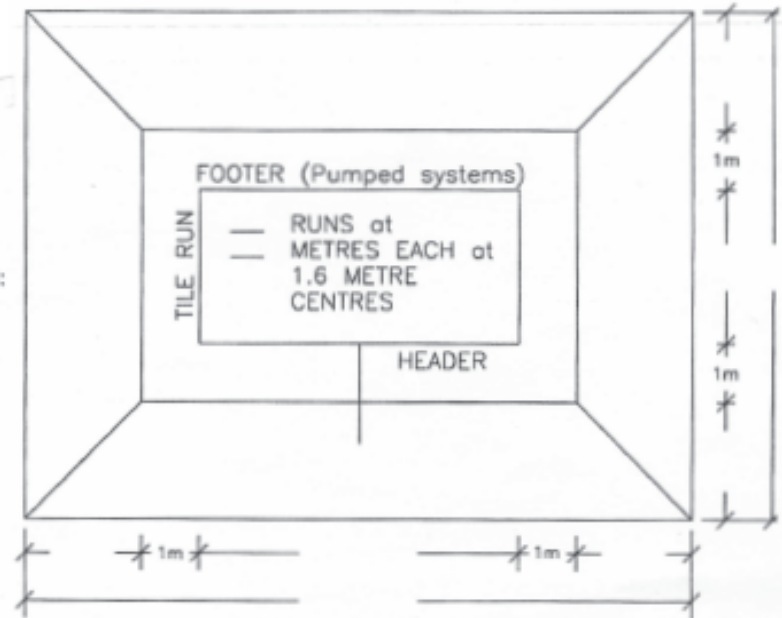
SCHEDULE 8 – TYPICAL DRAWING A

BURIED OR RAISED TILE BED – ABSORPTION TRENCH METHOD

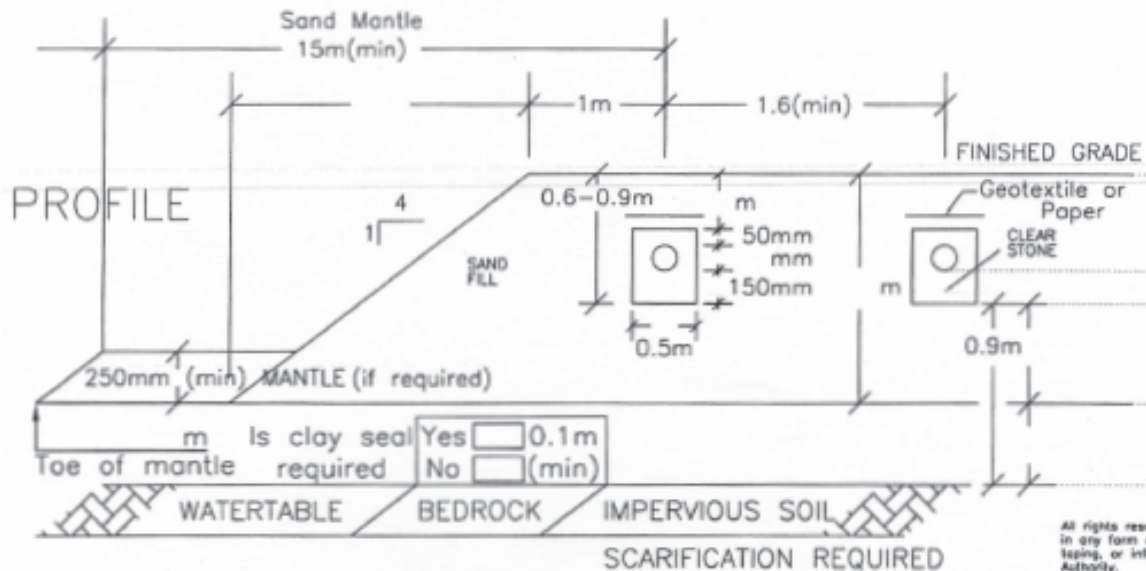
Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

DATE _____

PLAN
 Is mantle required:
 Yes
 No
 If Yes, in what direction _____



NOT TO SCALE



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE

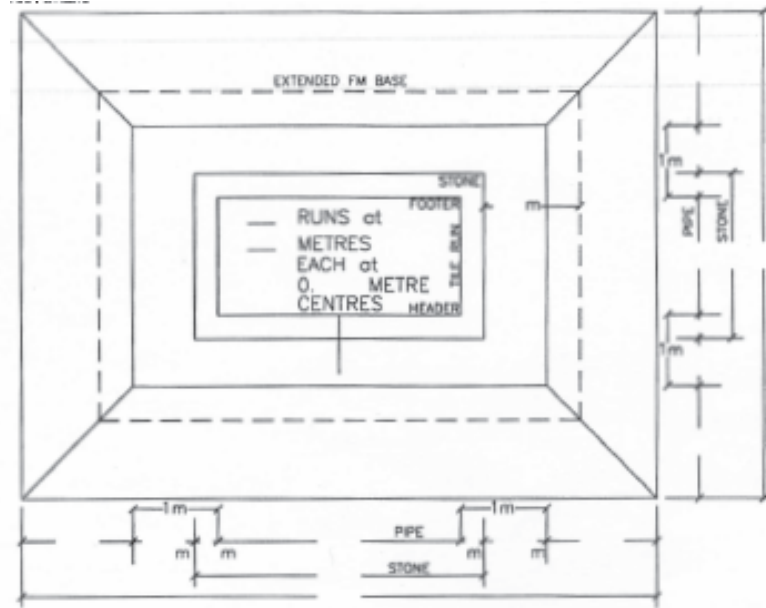
All rights reserved. No part of this work covered by the copyright herein may be reproduced or used in any form or by any means - graphic, electronic, or mechanical, including photocopying, recording, taping, or information retrieval systems - without the prior written permission of the Conservation Authority.

SCHEDULE 9 - TYPICAL DRAWING B
BURIED OR RAISED TILE BED - FILTER MEDIA METHOD

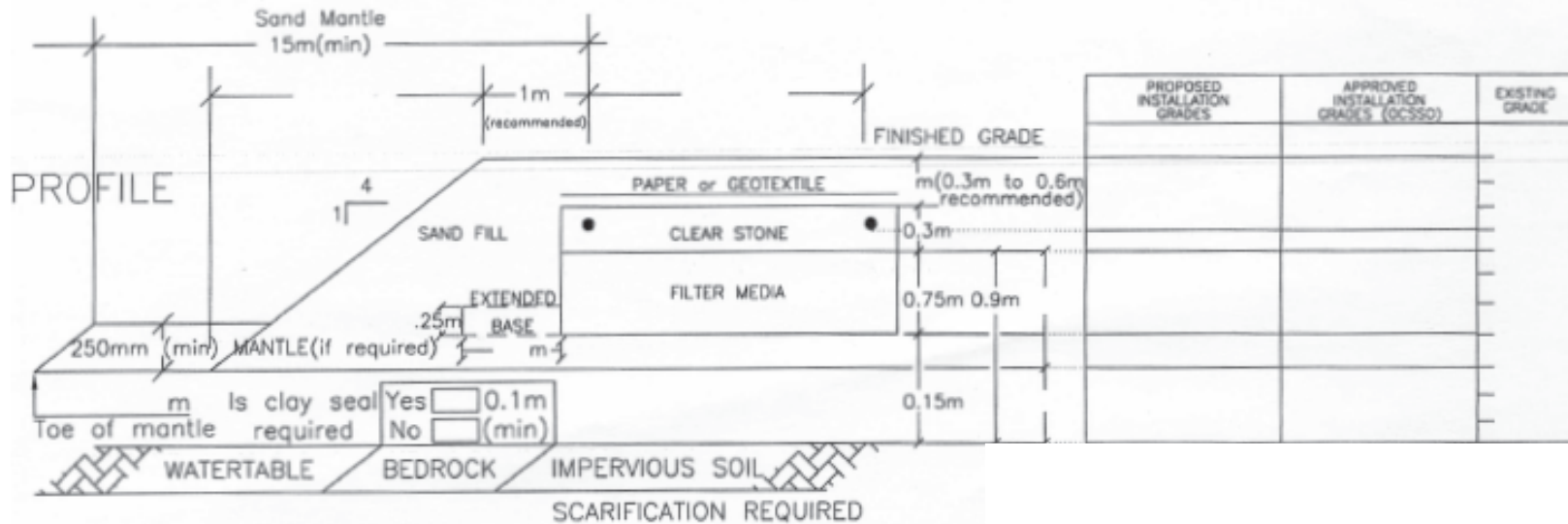
Septic Permit # _____
 Date _____
 Revision _____
 Applicant _____
 Municipality _____
 Scarification required Yes No

DATE _____

PLAN
 Is mantle required:
 Yes
 No
 If Yes, in what direction _____



NOT TO SCALE





SCHEDULE 12 - ONTARIO BUILDING CODE MAINTENANCE AND SERVICING REQUIREMENTS

This information sheet is designed to inform the property owner of the Ontario Building Code requirements for maintenance and servicing of the proposed treatment unit indicated on your design that is used in conjunction with the leaching bed constructed as a shallow buried, Type A or Type B dispersal bed.

Building Code states:

8.9.2.3. Class 4 Sewage Systems

- (1) Every Class 4 *sewage system* shall be operated in accordance with the literature required by Sentence 8.6.2.2.(6).
- (2) No person shall operate a *treatment unit* other than a *septic tank* unless the person has entered into an agreement whereby servicing and maintenance of the *treatment unit* and its related components will be carried out by a person who,
 - (a) possesses a copy of the literature required by Sentence 8.6.2.2.(6), and
 - (b) is authorized by the manufacturer to service and maintain that type of *treatment unit*.
- (3) The person authorized by the manufacturer to service and maintain the *treatment unit* and who has entered into the agreement referred to in Sentence (2) with the person operating the *treatment unit* shall notify the *chief building official* if,
 - (a) the agreement is terminated, or
 - (b) access for service and maintenance of the *treatment unit* is denied by the person operating the *treatment unit*.

8.9.2.4. Sampling of Treatment Units

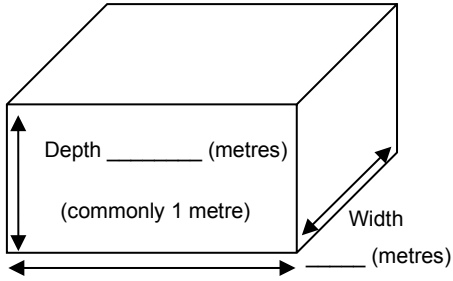
- (1) Every person operating a *treatment unit* that is used in conjunction with a *leaching bed constructed as a shallow buried trench, Type A dispersal bed or Type B dispersal bed* shall,
 - (a) take a grab sample of the *effluent* to determine the level of CBOD₅ and suspended solids in the *effluent*,
 - (b) carry out the sampling required by Clause (1)(a) in accordance with the methods described in the APHA/AWWA/WEF, "Standard Methods for the Examination of Water and Wastewater", and
 - (c) promptly submit the results of the sampling required by Clause (a) to the *chief building official*.
- (2) Except as provided in Sentence (4), the sampling required by Sentence (1) shall be conducted,
 - (a) initially, once during the first 12 months after the *sewage system* was put into use, and
 - (b) thereafter, once during every 12 month period, at least 10 months and not more than 18 months after the previous sampling has been completed.
- (3) The concentration of CBOD₅ and suspended solids in the grab sample described in Sentences (1) and (4) is deemed to comply with the maximum concentration requirements set out in Table 8.6.2.2. when it does not exceed 20 mg/L for each of these parameters.
- (4) If the results of the sampling required by Sentence (1) do not comply with Sentence (3), the person operating the *treatment unit* shall,
 - (a) resample the *effluent* in accordance with Clauses (1)(a) and (b) within 6 months after the previous sampling has been completed, and
 - (b) promptly submit the results of the resampling required by Clause (a) to the *chief building official*.

At any time the above requirements are not adhere, the sewage system located on your property will not be in conformity with the building code.

Signature of property owner

date

Schedule 13: Class 2 Sewage System (Leaching or Greywater Pit) Plans and Specifications

1. Project information																																																		
Street Number, Street Name	Unit number	Lot/con.																																																
Municipality	Postal code	Plan number/other description																																																
2. Water supply																																																		
<input type="checkbox"/> Existing	<input type="checkbox"/> Drilled well - casing depth _____ (metres)	<input type="checkbox"/> Shore well																																																
<input type="checkbox"/> Proposed	<input type="checkbox"/> Dug, bored, or blasted well	<input type="checkbox"/> Cistern																																																
		<input type="checkbox"/> Surface water																																																
		<input type="checkbox"/> Municipal																																																
		<input type="checkbox"/> Sandpoint or drivepoint well																																																
		<input type="checkbox"/> Other																																																
3. Fixture units for new or existing dwellings (see Ontario Building Code Table 7.4.9.3 for non-residential)	5. Soils	6. Sidewall loading rate (LR) (litres per metres ² per day)																																																
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Number of fixtures</th> <th style="width: 20%; text-align: center;">Fixture units</th> </tr> </thead> <tbody> <tr> <td>Bathtub (with or without shower)</td> <td style="text-align: center;">_____ x 1.5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Clothes washer</td> <td style="text-align: center;">_____ x 1.5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Dishwasher</td> <td style="text-align: center;">_____ x .5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Laundry tubs</td> <td style="text-align: center;">_____ x 1.5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Shower drain</td> <td style="text-align: center;">_____ x 1.5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sinks</td> <td style="text-align: center;">_____ x 1.5</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 10px;">Total fixture units _____</td> </tr> </tbody> </table>		Number of fixtures	Fixture units	Bathtub (with or without shower)	_____ x 1.5	_____	Clothes washer	_____ x 1.5	_____	Dishwasher	_____ x .5	_____	Laundry tubs	_____ x 1.5	_____	Shower drain	_____ x 1.5	_____	Sinks	_____ x 1.5	_____	Total fixture units _____			<p style="text-align: center;">Subsurface conditions encountered</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Rock and high ground water table</td> <td style="width: 33%; text-align: center;">Depth (metres)</td> <td style="width: 33%; text-align: center;">Soil type (sand, silt, clay)</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td></td> <td style="text-align: center;">0 _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">0.3 _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">0.6 _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">0.9 _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1.2 _____</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">1.5 _____</td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 10px;">Percolation time (T)</p>	Rock and high ground water table	Depth (metres)	Soil type (sand, silt, clay)	↓	↓	↓		0 _____			0.3 _____			0.6 _____			0.9 _____			1.2 _____			1.5 _____		<p style="text-align: center;">(LR) = 400/(T)</p> <p style="text-align: center;">(LR) = _____</p> <p style="text-align: center;">Use (T) of existing soil</p>
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<p style="text-align: center;">A = (Q ÷ LR)</p> <p style="text-align: center;">A = _____ (metres²)</p> <p style="text-align: center;">(A is the total area of all 4 walls combined)</p>																																																		
<div style="text-align: center;">  </div> <p style="text-align: center; margin-top: 10px;">Sidewalls will be constructed of _____</p>																																																		
4. Daily design sewage flow (DDSF) (Q) (litres per day)	<p>Estimate (T) of existing soil The percolation time of the existing soil is between _____ and _____ minutes per centimetre.</p> <p>Estimate (T) of imported soil The percolation time of the imported soil is between _____ and _____ minutes per centimetre.</p>																																																	
<p>(Note: must be less than 1000 litres per day)</p> <p>Pressurized water (P)</p> <p><input type="checkbox"/> (200 litres per fixture unit per day)</p> <p>Non-pressurized water (N)</p> <p><input type="checkbox"/> (125 litres per fixture unit per day)</p> <p>(DDSF) (Q) = _____ (total fixture units) X _____ (P or N) = _____</p>																																																		

Soils Certification

I, _____ (licensed installer under Section 3.3. of Division C of the Ontario Building Code), verify that the material used in the construction of the sewage system, under the permit herein, meets the requirements of the Ontario Building Code, the percolation rate identified on the permit and the soils analysis submitted to Township of South Glengarry.

Licensed installer's signature: _____ Date: _____