

# Class 4 Septic System Application for a Permit to Construct or Demolish

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 Rideau Lakes  
 1439 County Rd 8 Delta ON K0E 1G0  
 Tel. 613-928-2251 1-800-928-2250  
 Fax. 613-928-3097

Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	

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	

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 (    )	

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>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>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.				<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): _____				
<b>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>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 Building Code Act, 1992, 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
<b>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 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?				
<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)				
<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>				
I _____ declare that: <div style="text-align: center; margin-left: 100px;">(print name)</div> <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;				
<u>OR</u> <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.				
I certify that:				
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.				
_____ Date		_____ Signature of applicant		

**SEWAGE SYSTEM DESIGN CRITERIA - CLASS 4 SYSTEM**

<b>1.</b>	State # of:	Bedrooms/Units/ Sleeping Cabins	Floor Area m <sup>2</sup>	Fixture Units
	Proposed			
	Existing (If applicable)			

**2.** **Water Supply:**  Proposed or  Existing  
 Dug or bored well  Drilled Well  
 Casing Depth \_\_\_\_\_  
 Other: \_\_\_\_\_

**FIXTURE UNIT COUNT**

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathub or shower		X	1 ½	
Dishwasher		X	½	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
Q = Total design flow				

**4. SUBSURFACE SOIL CONDITION - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.

0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	
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DESIGN PERCOLATION RATE (T) \_\_\_\_\_ min/cm     Native Soil     Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

<b>5. LEACHING BED PROFILE</b>	<b>LEACHING BED DESIGN CALCULATIONS</b>
	Conventional $L=QT/200 =$ _____ No. of runs _____
	Filterbed <3000L/D CA = $QT/850$ _____ m <sup>2</sup> LA = $Q/75$ _____ m <sup>2</sup>
	Filterbed >3000L/D LA = $Q/50$ _____ m <sup>2</sup>
Water Table/Bedrock/Impervious Soil	Mantle for Class 4 Q/LR _____ m <sup>2</sup>

<b>6.</b>	<b>ELJEN SYSTEM CALCULATIONS</b>	Length of distribution pipe
Working capacity of septic/holding tank	Min # of Modules (Q/95) _____	_____ Metres
Class 4 = $Q \times 2$ (min 3600L) _____	CA (QT/400) _____ m <sup>2</sup>	
Class 5 = $Q \times 7$ (min 9000L) _____		

## 7. CLASS 4 (Leaching Bed)

**Conventional:** Trench Method  Area Method

If bed to be extended, the existing total distribution pipe length is \_\_ (m).

**Filter Bed:**  Note: If the daily design flow is over 5000L/day, secondary treatment is required.

**Shallow-Buried (tertiary treatment) Trench Type:** Type/Model: \_\_\_\_\_

System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes  No

Manufacturer's/BMEC information attached:

OR

**Unconventional:** Type/Model: \_\_\_\_\_ Secondary  Tertiary

System designed for effluent treatment as per Table 8.6.2.2.A of Code: Yes  No

Manufacturer's/BMEC information attached:

**Existing Tank to be used:** Yes  Tank Size: \_\_\_\_\_ (litres)

No  Tank should be removed

N/A

**New Tank(s) to be used:**  Number of Tanks \_\_\_\_\_

Effluent Filter to be installed in tank(s): Yes  No

Risers: Yes  No

**Tank 1 Volume:** (in litres) \_\_\_\_\_ (minimum tank size is 3600L)

**Tank 2 Volume:** (in litres) \_\_\_\_\_

**Type of Tank(s):**

Concrete

Polyethylene

Fiberglass

Steel (existing only)

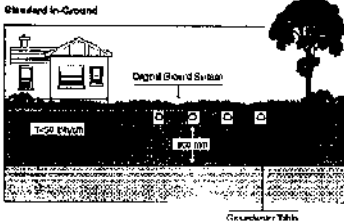
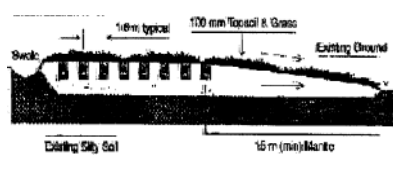
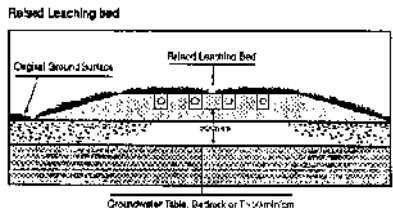
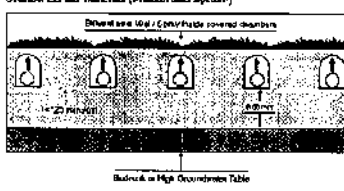
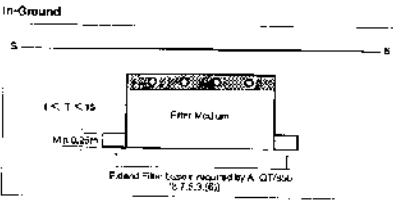
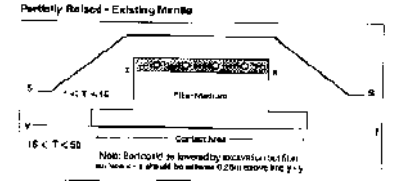
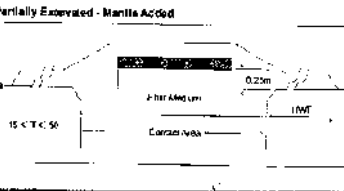
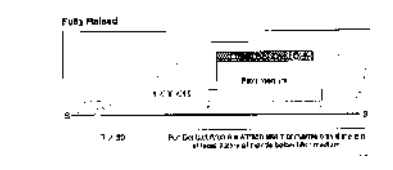
**Header Used in Bed:** **Distribution Box Used in Bed** (8 or more runs):

**No. of box outlets** \_\_\_\_\_

**Gravity Fed or Pumped** Head \_\_\_\_ (m). Run time \_\_\_\_\_ Horsepower \_\_\_\_\_ Volume \_\_\_\_\_

**To be used to pump waste**  **To be used to pump effluent**

**8. PROFILE THAT BEST DESCRIBES CLASS 4 SYSTEM (Check one)**

<b>CONVENTIONAL In-ground (TRENCH)</b> <input type="checkbox"/>	<b>CONVENTIONAL Partially Raised (TRENCH/AREA)</b> <input type="checkbox"/>	<b>CONVENTIONAL Fully-Raised (AREA)</b> <input type="checkbox"/>
		
<b>SHALLOW BURIED TRENCH</b> <input type="checkbox"/>	<b>FILTER BED In-ground</b> <input type="checkbox"/>	<b>FILTER BED Partially-Raised (EXISTING MANTLE)</b> <input type="checkbox"/>
		
<b>FILTER BED Partially Excavated</b> <input type="checkbox"/>	<b>FILTER BED Fully-Raised</b> <input type="checkbox"/>	
		
<b>OTHER : Describe other secondary or tertiary treatment system</b> _____ _____		<b>Information, calculations attached</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

- 9. SITE PLAN:** Provide the following information:
- a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbors), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
  - b) Lot dimensions and topographic features (e.g. swamps, steep slopes) near system.

**APPROVAL TO CONSTRUCT**

A Class \_\_\_\_ Sewage System under the Building Code Act with a maximum daily design flow of \_\_\_\_\_, is hereby approved for this property in the manner proposed in this Approval, its Design Information and supporting attachments, or any addendums arising out of site inspections; and provided that the system is installed and completed within 12 months of the Permit issuance date. This system shall not be operated without a signed Certificate of Completion.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_, CBO

**CERTIFICATE OF COMPLETION**

This will certify that this Sewage System has been completed and may be operated within the terms of its approval under the Ontario Building Code.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_, CBO