

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 engages 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 section B is "Yes")			
Name		BCIN	
Address		Unit Number	Lot/Con.
Municipality (City/Town)	Postal code	Province	E-mail
Telephone (include area code)	Fax (include area code)		Cell (include area code)
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			
I,	Declare that:		
<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.			
OR			
<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:			
<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. 			
Date		Signature of Applicant	

Schedule 2A: Sewage System Information

A. A Proposed Sewage System

IS FOR: Residential use Commercial Use

INSTALLATION IS: New Replacement Alteration Repair

Test Holes are required for all new or replacement Class 4 septic system applications; minimum size to be 3 feet (.9 meters) wide and 6 feet (1.8 meters) deep. Must be stepped or sloped.

Are Test Holes ready?
 Yes No

B. Type of Proposed Sewage System

Class 2 – Leaching Pit Class 3 - Cesspool Class 4 – Sewage System Class 5 Holding Tank

NOTE: Class 2, 3 & 5 sewage systems have limited or restricted uses.

C. Design Flow Calculations – Dwellings (separate calculations required for non-residential structures)

Record number of Plumbing Fixtures (include rough-in plumbing eg. for future basement bathroom)

Description of Fixture	Number of New/Proposed Fixtures		Fixture Units		Fixture Unit Count
Dishwasher		x	1.5	=	
Garbage grinder		x	3	=	
Hot tub/Spa		x	1.5	=	
Kitchen sink		x	1.5	=	
Laundry tub		x	1.5	=	
Toilet		x	4	=	
Tub/Shower (1 head)		x	1.5	=	
Wash basin		x	1.5	=	
Washing Machine		x	1.5	=	
Other – please specify:		x		=	
Other – please specify:		x		=	
TOTAL FIXTURE UNITS:					
TOTAL FIXTURE UNITS OVER 20:					
Additional appliances: <input type="checkbox"/> Water Softener		Does it backwash into Septic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Water Filter		Does it backwash into Septic? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Record finished floor area (in square meters) for the following:

1 st Floor	2 nd Floor	3 rd Floor	Loft	Walkout	TOTAL

Record number of separate dwelling units:

D. Design Flow Calculations for Dwellings (separate calculation required for non-residential structures)

Where:

A = Bedroom Flow (1-5 bedrooms); **B**= Bedroom Flow (over 5 bedrooms), **C** = Living Area Flow, **D** = Fixture Units over 50.

Bedroom Flow (A)	Select Number of Bedrooms	Volume (Litres)	Total Flow	
	<input type="checkbox"/> 1 Bedroom		750	=
<input type="checkbox"/> 2 Bedrooms		1100	=	
<input type="checkbox"/> 3 Bedrooms		1600	=	
<input type="checkbox"/> 4 Bedrooms		2000	=	
<input type="checkbox"/> 5 Bedrooms		2500	=	
TOTAL (A)				

Bedroom Flow (B)	>5 Bedrooms	Number of bedrooms >5	Volume (Litres)	Total Flow	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		x	500 (each)	=
TOTAL (B)					

Living Area Flow (C)	Size of Living Area	# of Increments of 10m2 over living area	Volume (Litres)	Total Flow	
	<input type="checkbox"/> 0 - 200 M2		x	0	=
<input type="checkbox"/> 201 - 400 M2		x	100	=	
<input type="checkbox"/> 401 - 600 M2		x	75	=	
<input type="checkbox"/> > 600 M2		x	50	=	
TOTAL (C)					

Fixture Units (D)	Number of Fixture Units over 20 (from pg. 5)	=	x	50 L/Fixture Unit	Total Flow
	TOTAL (D)				

E. Design Flow (Number of Litres per day)

Q = A + (the highest of) B or C or D

$$Q = \underline{\hspace{2cm}} \text{ A } + \underline{\hspace{2cm}} \text{ (B or C or D) }$$

Q = _____ Litres/day

F. Septic Tank Size (Working Capacity) For Class 4 System Existing Replacement

		Proposed/Existing Working Capacity
<input type="checkbox"/> Residential (3600L) Minimum	2 x Q	_____ Litres
<input type="checkbox"/> Non-Residential (3600L) Minimum	3 x Q	

G. Other Treatment Unit Tertiary Secondary

Manufacturer	Model	BMEC (Attach to Application)

Schedule 2B: Class 4 Sewage System Calculations

A. Absorption Trench

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

8.7.3.1(2)

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} / 200$$

$$L = \frac{\quad}{\quad}$$

NOTE:

OR

8.7.3.1(3) With Treatment Unit or Permitted by Proprietary Products

$$L = \frac{QT}{300}$$

$$L = \frac{\quad}{Q} \times \frac{\quad}{T} / 300$$

$$L = \frac{\quad}{\quad}$$

NOTE:

B. Filter Bed

In-ground Raised Partially Raised

L = Length of Distribution Pipe (in metres)

Q = Daily Design Flow (in litres)

T = Percolation Time of underlying soil

EFFECTIVE SURFACE AREA

i) If Q < 3000 litres/day

$$A = Q/75$$

$$A = \frac{\quad}{75}$$

$$A = \frac{\quad}{\quad} \text{ m}^2$$

ii) If Q > 3000 litres/day

$$A = Q/50$$

$$A = \frac{\quad}{50}$$

$$A = \frac{\quad}{\quad} \text{ m}^2$$

OR

If Area "A" of effective surface area is greater than 50 m²:

How many cells are to be installed?

What is the size of each cell?

FILTER MEDIUM BASE AREA

$$A = QT/850$$

$$A = \frac{\quad}{\quad} \times \frac{\quad}{\quad} / 850$$

$$A = \frac{\quad}{\quad} \text{ m}^2$$

Schedule 2C: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil T = _____ min/cm Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T = _____ min/cm Soil is: <input type="checkbox"/> Native <input type="checkbox"/> Imported	SEE: <input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached
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NOTE: The MUNICIPALITY will require documentation by a certified soil technician on proposed imported soils to confirm the percolation rate ("T"-time), or the suitability of filter sand or imported fill.

A Dose Pump is required if total distribution pipe is 150m or more.

Dose Pump required? Yes No

L = Total Length of distribution pipe in the leaching bed

V = Effluent volume (in litres) pumped.

<input type="checkbox"/> 3" diameter distribution pipe	V =	3.3 x L	=	
<input type="checkbox"/> 4" diameter distribution pipe	V =	5.9 x L	=	

B. Site Plan

PROVIDE THE FOLLOWING INFORMATION:

- ✓ Locate and show horizontal distance from sewage system to all proposed or existing structures, driveway, property lines, swimming pools
- ✓ Locate and show clearance to all wells (including those on adjacent properties)
- ✓ Water courses (eg. lakes, rivers etc.)
- ✓ Swales, slopes and changes in grad
- ✓ North (facing) arrow
- ✓ Tank and pump chamber sizes (in litres)
- ✓ Base, contact and loading areas (in square meters)
- ✓ Length of distribution pipe (in metres)

Please use the attached template.

C. Declaration

1. I acknowledge that any deviation from the approved plans and specifications after the permit is issued is a violation of the Building code Act and agree to consult with a building inspector before making any changes from the approved plans.
2. I agree to comply with the provisions of the Municipal Building and Zoning By-laws.
3. I agree that, neither the granting of a permit, nor approval of the plans and specifications, nor inspections made by MUNICIPALITY Inspectors during work on the sewage system, shall relieve me from responsibility for carrying out the work in accordance with the Building Code Act, as amended, and the Regulations made thereunder.
4. I declare that the information contained herein is in every respect, fully and truthfully stated to the best of my knowledge and belief.
5. I acknowledge that I will provide a pit analysis of filter medium where applicable.
6. I acknowledge that, prior to backfilling, the stone layer shall be protected by covering it with untreated building paper or a permeable geo-textile fabric.
7. I acknowledge that a leaching bed shall not be covered with any material having a hydraulic conductivity less than 0.01m/day.
8. I acknowledge that I will operate (if owner), or advise the owner (if contractor) of the operation and maintenance required on the septic system.
9. I acknowledge that I will provide/obtain a Maintenance Contract for a Treatment Unit and Class-5 Holding Tank.
10. I acknowledge that should a temporary entrance be required to construct this septic system, I will obtain an entrance approval if required by the Public Works Department, prior to commencing construction.

Submitted by:

Name (please print)	Signature of Owner or Agent	Date

Permit Granted
 Permit Granted with attachments
 Unable to grant, reasons attached.

Name (please print)	Signature of Chief Building Official or Designate	Date