

Sewage System Application Instructions:

1. Complete the application in full:

- This smart form will automatically populate most calculations
- Submit your signatures electronically
- Sewage System Designs can be cut and pasted onto the design page or attached as a separate document
- Review the application to ensure it is completed in full
- Save a copy of the application to your desktop

2. Submitting the application:

- Print your application, then mail or hand delivered to: 99-A Advance Avenue, Napanee, ON K7R 3Y5
- Applications can be submit to permits@greaternapanee.com
Note: *Sewage System Applications will not be considered until fees are paid in full.*

3. Payment:

- Payment can be made in person via cheque, cash or debit.
- Payment by cheque can also be mailed (payable to the Town of Greater Napanee)

4. Process:

- Once an application is submitted in full an inspector will contact you within 10 business days to arrange an initial site visit.
- An initial site visit will take place to view the test holes, determine the height of the system above grade and ensure the placement of the sewage system meets the Ontario Building Code requirements.
- The inspector will issue a permit to install the sewage system to the applicant.
- Call the inspector for an inspection at least 3 days prior to requiring one.
- A final inspection will be done when the sewage system is installed but not covered.
- A final grading inspection will be done once the sewage system has been backfilled, the slopes stabilized, and the system has been seeded.
- Final paperwork will be mailed to the owner.

If you have any questions, please contact us at:

permits@greaternapanee.com

Phone (613) 776-1150 or (613) 354-3351 ext 4008

Application for a Permit to Install a Sewage 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: <u>TOWN OF GREATER NAPANEE</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			
New Construction	Addition to an existing building	Alteration/repair	Demolition
Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
C. Applicant			
Applicant is:		Owner or 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 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.			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)				
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]			
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><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">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; width: 80%; margin: 0 auto;"> 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?			
<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="text-align: center;">(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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

Directions:	Map:
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SOILS CERTIFICATION

I, _____ (Licensed Installer under Section 3.3 of the Building Code Act), 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 The Town of Greater Napanee from:

 (Name of pit)

Note: Leaching bed fill means soil used for the construction of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of leaching bed fill must be included in the analysis.

The Town of Greater Napanee may require you to submit soil samples for analysis.

 Licensed Installer's Signature

 Date

OWNER AUTHORIZATION

I/we, _____, being the legal owner(s) of the property described as Lot _____, Concession _____, Parts(s)/Sublot(s) _____ of Plan _____, in the Municipality of _____, located at Civic Address _____, certify that _____ is authorized to submit an Application to Construct or Demolish to The Town of Greater Napanee for the purposes of installing a sewage system in accordance with Ontario Regulation 332/12, and to act as my/our representative for any associated site inspections.

I/we certify that all information and material provided for the purpose of this application is accurate.

Signature of Legal Owner(s): _____



SEWAGE SYSTEM SPECIFICATIONS PAGE

OFFICE USE ONLY	Application #
Name:	Date Submitted:
Fee #	Fee \$
Renewal Date:	Entered:

Structure:	New Existing	Residential Commercial	If the sewage system is non-residential, attach a separate copy of the specifications and plans.
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# of Bedrooms:	Fixture Units: Complete Table 2	Total Finished Area:	Daily Design Sewage Flow (Q)*:	Septic Tank Capacity (2 x Q):
_____	_____	_____ m ²	_____ L/day	_____ L
		<input type="checkbox"/> Walkout basement		minimum 3600L

Water Supply:	Proposed Existing	*Backwash water from any water treatment unit (i.e. water softener) must be accounted for in the sewage system design.			
		Drilled Well Casing Depth	m	Dug/Bored/Blasted Well Sandpoint/Drivepoint	Municipal Cistern Surface Water Shore Well

Soils
Indicate soil types (sand, silt, clay), bedrock, and the high ground water table below.

(m) Test Pit

0.0 _____
0.3 _____
0.6 _____
0.9 _____
1.2 _____
1.5 _____

Estimated Percolation Rate of Native Soil: T = _____ min/cm

Tested Percolation Rate of Imported Soil: T = _____ min/cm

Holding Tank Capacity (7 x Q): (Class 5 Only)
_____ L (minimum of 9000L)

Class 4 Sewage System Type:
Conventional Leaching Bed Chamber System Leaching Bed Filter Media Bed Shallow Buried Trenches Type A Dispersal Bed* Type B Dispersal Bed*

* These sewage systems **require** a Level IV treatment unit certified to the CAN/BNQ 3680-600 standard, or a treatment unit described in Supplementary Standard SB-5.

Treatment Unit:
Level II Level III Level IV
Service Agreement Provided

Manufacturer: _____
Model: _____
BMEC Authorization Provided

Conventional Leaching Bed: (minimum 40m)
Total distribution pipe = _____ m
Mantle required Pump required

Chamber System Leaching Bed: (minimum 40m)
Total chamber length = _____ m
Manufacturer: _____
Model: _____
of pieces: _____
Mantle required Pump required

Filter Media Bed:
Loading Area: _____ m ²
Contact Area: _____ m ²
Total distribution pipe = _____ m
Mantle required Pump required

Shallow Buried Trenches: (minimum 30m)
Total trench length = _____ m

Method of Subsurface Detection:
Magnetic
Tracer wire (14 gauge plastic coated)
Other means: _____

Type A Dispersal Bed:
Stone Layer Area: _____ m ²
Sand Layer Area: _____ m ²
Mantle required

Type B Dispersal Bed:
Stone Layer Area: _____ m ²
Linear Loading Rate: 50 L/m 40 L/m
Pump Chamber Capacity: _____ L

Loading Rate (from Table 3):
Q _____ ÷ _____ L/m ² /day
= _____ area (m ²)

Recommendations/Conditions (for office use only):

SEWAGE SYSTEM CALCULATION PAGE

1. Daily Design Sewage Flow (Q)

Total finished area: _____ m² **ENTER VALUES AS REQUIRED**

For every 10m² over 200m², up to 400 m²: _____ x 100 = _____ L/day

For every 10m² over 400m², up to 600 m²: _____ x 75 = _____ L/day

For every 10m² over 600m²: _____ x 50 = _____ L/day

Table 1 DDSF for bedrooms: _____ L/day (A)

Table 2 Total fixture units: _____

Each fixture unit over 20: _____ x 50 = _____ L/day (C)

For total DDSF, add (A) to the larger of (B) or (C): (B) Total DDSF for floor area: _____ L/day

DDSF (Q): (A) _____ + (B or C) _____ = _____ L/day (Q)

2. Leaching Bed Size (m) L = total length of distribution pipe T = percolation time of native or imported soil Q = Daily Design Sewage Flow

Conventional Treatment Systems/Chambers

L = (Q) _____ x _____ (T) = _____ m L = (Q) _____ x _____ (T) = _____ m

200 300

3. Filter Bed Loading Area (m²)

If Q ≤ 3000 L/day, use Q ÷ 75 Loading Area = (Q) _____ ÷ _____ = _____ m²

If Q > 3000 L/day, use Q ÷ 50

Level II-IV treatment unit only, use Q ÷ 100

4. Filter Bed Contact Area (m²)

Contact Area = (Q) _____ x _____ (T) = _____ m²

850

*Use T of native soil; if Contact Area < Loading Area, use Loading Area for both values

5. Shallow Buried Trenches (m)

See Table 4. L = (Q) _____ ÷ _____ = _____ m

6. Type A Dispersal Bed (m²)

Stone Layer: If Q ≤ 3000 L/day, use Q ÷ 75 Stone Layer = (Q) _____ ÷ _____ = _____ m²

If Q > 3000 L/day, use Q ÷ 50 Sand Layer = (Q) _____ x _____ (T) = _____ m²

Sand Layer: If 1 < T ≤ 15 if T > 15

use:850 use:400

*Use T of native soil; if Sand Layer area < Stone Layer area, use Stone Layer area for both values

7. Type B Dispersal Bed (m²)

Linear Loading Rate: If T < 24 min, use 50 L/m Area = (Q) _____ x _____ x (T) = _____ m²

If T ≥ 24 min, use 40 L/m

Pump chamber capacity: Q = _____ L

Table 1 – DDSF Values for Bedrooms <small>(Ontario Building Code, Division B, Part 8, Table 8.2.1.3.A.)</small>				Table 2 – Fixture Units <small>(Ontario Building Code, Division B, Part 7, Table 7.4.9.3.)</small>			Table 3 – Loading Rates for Fill Based Absorption Trenches/Filter Beds <small>(Ontario Building Code, Division B, Part 8, Table 8.7.4.1.)</small>	
Bedrooms	L/day	Bedrooms	L/day		# of Units	Total	Percolation Time (T) of Soil, min	Loading Rates, (L/m ²)/day
1	750	4	2000	Bathroom Group (3-4 piece bathroom)	_____ x 6.0 = _____		1 < T ≤ 20	10
				Bathtub (with or without shower)	_____ x 1.5 = _____		20 < T ≤ 35	8
Toilet	_____ x 4.0 = _____	35 < T ≤ 50	6					
Clothes Washer	_____ x 1.5 = _____	T > 50	4					
Dishwasher	_____ x 1.0 = _____	Table 4 – Shallow Buried Trench Length <small>(Ontario Building Code, Division B, Part 8, Table 8.7.3.1.)</small>						
Laundry Tubs	_____ x 1.5 = _____	Percolation Time (T) of Soil, min	Length of Distribution Pipe, m					
Shower Drain	_____ x 1.5 = _____	1 < T ≤ 20	Q/75					
Sinks	_____ x 1.5 = _____	20 < T ≤ 50	Q/50					
Other	_____ x _____ = _____	50 < T < 125	Q/30					
TOTAL				_____ = _____				

SEWAGE SYSTEM PLANS PAGE

APPLICATION NO: _____

NAME: _____

LOT DIAGRAM AND SEWAGE SYSTEM PLAN: Drawing must be **accurate** and to **scale**. Indicate north point and show:

- (a) Location of sewage system components (e.g. tanks, leaching bed, direction of mantle, etc). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site systems, driveways, property lines, lakes, rivers, springs, water courses, swimming pools
- (b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system. 1 square = _____(m / ft) **DRAW TO SCALE**

Benchmark:

SEWAGE SYSTEM CROSS SECTION (FOR NEW SEWAGE SYSTEMS ONLY)

APPROVED REJECTED (See recommendations on previous page.)

Permit to install a Class 2, 3, 4, 5 Sewage System under section 8-(1) (2) of the Building Code Act, S.O. 1992, C.23.

This permit is issued to the owner to construct, install, alter, extend, enlarge or continue to use a Class _____ Sewage system.

Any person who is not issued a permit may apply to the Building Code Commission for any issues involving the Building Code or Compliance to the Code.

Approved by:

Inspector: _____ / AS PER CBO Date: _____



The Town of Greater Napanee has a duty to protect employees from all forms of harassment and violence while in the workplace. By signing this application, I agree that all dealings with employees will be handled in a respectful and appropriate manner. I further agree that I and/or persons acting on my behalf, will conform to all applicable policies of the Town of Greater Napanee, which can be provided on request. Breach of a policy could result in processing delays, denial of service or other remedies contained in the approved policy.

Thank you for your cooperation.

Name

Signature

Date