BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM

SCHEDULE 3A – SOIL & WATER TABLE INFORMATION
(Minimum depth of test pit: 1 metre)

DATE : _____ **TEST PIT - Sub-surface conditions encountered**

		APPLICANT'S USE		INSPECTOR'S USE	
Existing grade	Depth (m)	Soil Type	"T" Time	Soil Type	"T" Time
Rock & G.W.T.	- 0 -				
	- 0.25 -				
	- 0.50 -				
	- 0.75 -				
	- 1.00 -				
	- 1.25 -				
	- 1.50 -				

LEGEND: (Elevations based on existing grade) (Note: proposed revised grades must be noted on site plan and cross-section)

BR – bedrock or impervious soil (min. 0.9 metres to bottom of stone)		m – metres
GWT- ground water table	EG – existing grade Note proposed grade (PG) if applicable	
HGWT – high ground water table (min. 0.9 metres to bottom of stone)		"T" – percolation rate (min/cm)

SEWAGE SYSTEM DESIGN CRITERIA (Based on above details):

Sewage System minimum raised height above grade	1.5m -- GWT or bedrock depth = Minimum raised height of bed 1.5m --_____=_____(raised height of system)

WATER SUPPLY (PROPOSED OR EXISTING):

Municipal		Dug Well		Drilled Well		Shallow or Sand Pt.		Other		Specify:

INSPECTORS REPORT:

Date of Inspection: _____ day/month/year	LEACHING BED DESIGN CRITERIA Depth to rock/impervious soil 1.5 - _____(Bedrock/Clay) = _____metres
☐ a.m. ☐ p.m.	Design HGWT 1.5M – _____(HGWT encountered) = _____metres
Weather	Site to be scarified ☐ yes ☐ no
Representing Owner:	Sub-grade inspection ☐ yes ☐ no
Design "T"_____min/cm	Mantle ☐ yes ☐ no
Percolation test required ☐ yes ☐ no	Inspected and Recommended by:
Grain size analysis required ☐ yes ☐ no (if yes, see addendum)	

BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM

SCHEDULE 3B- DESIGN CRITERIA

PLUMBING SPECIFICATIONS – FOR ALL BUILDINGS TO BE SERVICED BY THE PROPOSED SEWAGE SYSTEM

DESCRIPTION	#UNIT PER FIXTURE	DWELLING #1		SLEEPING CABIN (BUNKIE)		OTHER (Specify)		OTHER (Specify)	
		EXISTING	PROPOSED	EXISTING	PROPOSED	EXISTING	PROPOSED	EXISTING	PROPOSED
Toilet	4								
Wash Basin (Sink)	1								
Bathtub or Shower	1.5								
Shower Stall	1.5								
Bathroom Group (3 Piece)	6								
Kitchen Sink (Single or Double)	1.5								
Bar Sink	1								
Washing Machine	1.5								
Other (specify) _____									
Garbage Grinder Y / N * **See Note**	NO								
TOTAL FIXTURE UNITS									
FINISHED FLOOR AREA									
# OF BEDROOMS 2 persons/bdrm									
# OF ADDITIONAL PEOPLE PROPOSED **									
*** NOTE: GARBAGE GRINDER – 2.5 x DAILY FLOW FOR SEPTIC TANK SIZING*** ** Identify # of persons more than 2 persons/bedroom proposed. An additional flow rate of 250 L/day will be assigned to each additional person**									

	TOTALS		Calculated Flow Rate (see Design Flow Chart Appendix A)	
# Bedrooms	_____	→	_____L/day	**(see associated flow rate in Appendix A)**
# Fixture Units (FU)	_____	→	_____L/day	**(50L/FU >20 FU see Appendix A)**
Floor Area	_____	→	_____L/day	**(100 L./10 m²>200 m² see Appendix A)**

Total Daily Sewage Flow Q = _____L/day
[bedroom flow rate (up to 2,500L/day) + highest calculated rate] (Flow to be used for design Schedule 3C)

PROPOSAL TO CONSTRUCT SEWAGE SYSTEM

☐ **Class 2 Leaching Pit -- see handout (200 L./fixture unit (pressurized) cannot exceed 1,000 L./day)**

Side wall Loading rate (litres/day /sq.m.) = 400/T Lr = 400/_____=_____sq. m. of sidewall

Design details:_____.

☐ **Class 4 Sewage System** - **septic tank and or leaching bed (filter or trench bed see Schedule 4C (next page)**

☐ **Tertiary Treatment Unit – BMEC approval & Literature (specs for unit) must be submitted with application**

Make/model _____ **Flow Rate**_____**L./day** **Alarm** _____**(mech. systems)**

Raised Height _____**metres.** **Stone Area** _____**m²** **Sand Area** _____**m²**

☐ **Class 5 Holding Tank – Requirements:Audio/Visual Alarm & 3" venting**

Q = _____x 7 =_____L **Tank Size Proposed** _____**L**

Pump Out Contract (sewage haulage agreement) _____☐_____(approval and contract required prior to submission)

BUILDING PERMIT APPLICATION – ONSITE SEWAGE SYSTEM
SCHEDULE 3C – PROPOSAL TO CONSTRUCT CLASS 4 SEWAGE SYSTEM

☐ **Septic Tank** **Use Existing** ☐ **New CSA Standard** ☐ **(Q x 3 if non-residential use)**

Residential Occupancy
Q_____X 2 = _____litres

Residential with Garburator
Q_____X 2.5 = _____litres

Proposed Working Capacity _____litres (min. 3600L)

☐ **Treatment Unit (specify) _____ Operating Capacity _____litres/day**

☐ **Class 4F Filter Bed**

If Q is 3000 litres or less Q = _____ ÷ 75 = _____ Sq. Metres

If Q is more than 3000 litres Q = _____ ÷ 50 = _____ Sq. M. ÷ 2 beds of _____ Sq. M.

If Treatment Unit Q = _____ ÷ 100 = _____ Sq. Metres

Extended Contact Area (Base of Filter) $\frac{Q \times T}{850}$ $\frac{\quad \times \quad}{850}$ = _____ Sq. Metre Contact

PROPOSAL: # of Beds_____ Filter Bed Area_____m² Contact Area _____m² Raised height _____m.

☐ **Class 4 Trench Bed** **Absorption trench(* ÷ 300 if treatment unit)**

T-time (percolation rate of soil used for calculation.) Native Imported Raised height m.

Q X T ÷ 200* = _____x _____ ÷ 200* = _____m. ÷ no. of runs_____= _____m. per run

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☐ **Class 4 Loading Rates - Area requirements** **LOADING AREA – EXISTING _____ PROPOSED _____**
(Native T<15) (Imported T>15)

Percolation Time of Existing (in-situ) Soils

If "T" is : 1 < 20..... Use: $\frac{Q}{10}$ = _____ = _____ m²

If "T" is : 20 --- 35..... Use: $\frac{Q}{8}$ = _____ = _____ m²

If "T" is : 35 --- 50..... Use: $\frac{Q}{6}$ = _____ = _____ m²

If "T" is : > 50..... Use: $\frac{Q}{4}$ = _____ = _____ m²

OFFICE USE ONLY

SEWAGE SYSTEM PERMIT FEES	
New Sewage system	$450.00
New Septic Tank	$200.00
Leaching Bed Replacement	$250.00
Sewage system Repair	$250.00
Leaching/Grey Water Pit	$250.00
Compliance inspection/report	$250.00

PERMIT FEE	**$**

Fee paid	$	Receipt#