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Procedures for an Application for a Sewage System Permit

This Package Contains:

1. Minden Hills Application for a Sewage System Permit
2. Ontario Building Code Application for a Permit to Construct or Demolish
3. Proposed Sewage Disposal System Design Form
4. Calculation Sheet
5. Ontario Building Code and Guide Sheet
6. Building and Sewage System Permit Fee Schedule

The following forms must be completed and returned to Minden Hills-Building/Planning/Bylaw Dept along with the following other required documentation to complete the application:

1. Minden Hills Application for a Sewage System Permit
Note: Owner's signature must be provided or a letter from the owner appointing an Authorized Agent.
2. Ontario Building Code Application for a Permit to Construct or Demolish
3. Proposed Sewage Disposal System Design Form for sewage systems described in the Ontario Building Code. Other approved sewage systems (B.M.E.C. approved) will require the design, B.M.E.C. Approval, and once completed as-built drawings.
4. A Site Plan referenced to an up to date survey when available or to a drawing of the lot, neatly and accurately drawn, which shall include:
 - a) the dimensions of the lot (length, width);
 - b) the location and size of the proposed buildings & all existing buildings;
 - c) location of well, septic, easements (hydro, right of way etc) & driveways;
 - d) the setbacks of proposed building or addition from all lot lines, the road and other buildings, the high water mark and the well and septic system;
 - e) indicate any survey stakes that have been located;
 - f) the location and setbacks of the septic tank, leaching bed and any pump chamber;
 - g) the loading area and 15 m mantle;
 - h) location of wells or water supply including neighbours;
 - i) eaves trough discharge;
 - j) topographical features including slope and direction of flow.
5. The required fee.

The Building Code Act does not allow the issuance of permits based on incomplete applications.

Sewage System Inspectors can only provide comments based on complete applications and plans.

Incomplete applications will be returned to the Owner, or their Authorized Agent.

Once the completed application has been reviewed, an inspector will visit the property to inspect the test hole and site. The applicant will be either issued a permit to install the system or the reasons provided as to why a permit cannot be issued. Information provided in this package is limited, and it is the responsibility of the applicant to ensure compliance with all applicable sections of the Ontario Building Code.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: _____ (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			
<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				
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).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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) (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.

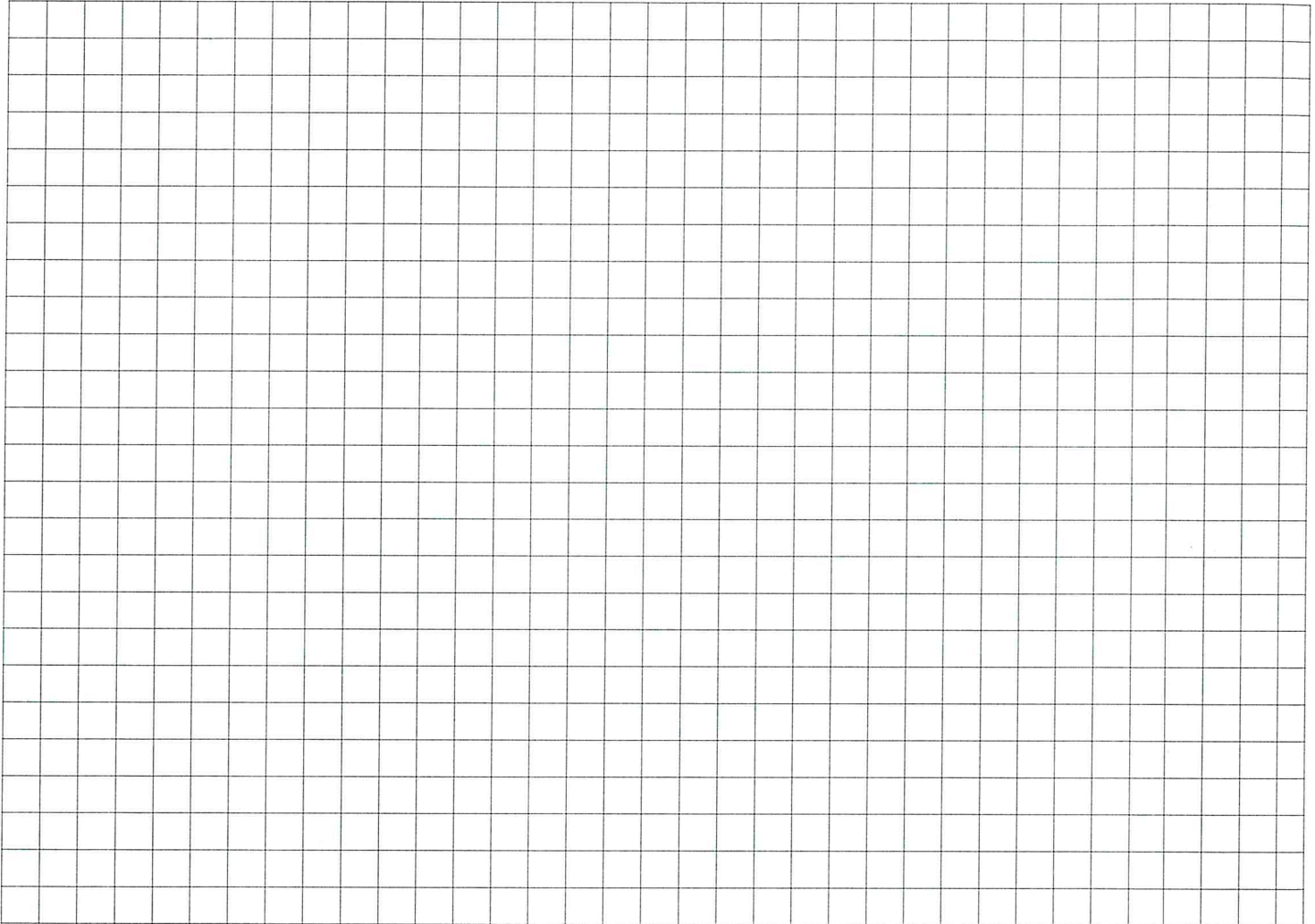
Schedule 2: Sewage System Installer Information

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="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			

AS BUILT SITE PLAN

Indicate North Point and label the following required information:

1. Septic Tank & Leaching Bed	8. Driveways / Parking Area
2. Pump Chamber	9. Property Lines
3. Loading Rate Area	10. Foundation / Eavestrough Drainage
4. 15 metre Mantle Area	11. Lake / watercourse / pond
5. Proposed/ Existing Structures	12. Steep slopes
6. Water Supplies	13. Direction of slope/water flow
7. Existing Sewage Systems	



Installer/ Site Supervisor	Signature	Date

<u>Septic Tank Information</u>		
Size _____	Manufacturer _____	Model _____
<u>Septic Field Information</u>		
Distribution Pipe (Circle One):	Chamber OR	Pipe
Filter Bed Dimensions	×	=
OR Absorption Trench ____ Runs	of _____ m	= _____ m
Pump Chamber Size:	Pump Model#	

Proposed Sewage System Design

Property Address:				Roll Number:																			
Class of System:	2 or 3	4	5	<input type="checkbox"/> Install <input type="checkbox"/> Repair	Test Hole Ready	Yes <input type="checkbox"/>	NO <input type="checkbox"/>																
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Water Supply: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____				Soil Conditions: Est. Perc Rate _____ min/cm Sieve Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No Bedrock Level _____ m High Water Table _____ m Level (below grade)																			
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">SOIL CONDITIONS</th> </tr> <tr> <th>Depth (metres)</th> <th>Soil Type</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> </tr> <tr> <td>0.5</td> <td></td> </tr> <tr> <td>1.0</td> <td></td> </tr> <tr> <td>1.5</td> <td></td> </tr> <tr> <td colspan="2">Show rock elevation </td> </tr> <tr> <td colspan="2">Show water table <u> W </u></td> </tr> </tbody> </table>				SOIL CONDITIONS		Depth (metres)	Soil Type	0		0.5		1.0		1.5		Show rock elevation		Show water table <u> W </u>	
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Site Information

Fixture Unit Type	Number	Fixture Unit Value	Total
Bathroom Group (3+ fixtures)		6	
2 Piece Powder Room		5.5	
Clothes Washer		1.5	
Laundry Sink		1.5	
Kitchen Sink		1.5	
Other		1.5	

Total Fixture Units:

Total Number of Bedrooms (including bunkies, lofts, etc.): _____

Total Area of Living Space on Property (including bunkies, lofts, etc.): _____ m²

Daily Sewage Flow Calculation:

- A. Base Flow from Number of Bedrooms (Max 2500 L): _____
- B. Additional Bedrooms over 5 _____ x 500 L = _____
- C. Each Additional Fixture Unit over 20 _____ x 50 L = _____
- D. Living Space up to 200m²:
 - a) Each 10m² over 200m² up to 400m² _____ x 100L = _____
 - b) Each 10m² over 400m² up to 600m² _____ x 75L = _____
 - c) Each 10m² over 600m² _____ x 50L = _____

Total Daily Sewage Flow (Q): A. + the greater of B., C., D.) = _____ L/day

Tank(s):	Minimum Required	Proposed
Septic Tank Size: Daily Sewage Flow (Q) x 2	= _____ L	= _____ L
Filter Bed		
Filter Bed Area: <3000L/day DSF/75= _____ m ²	<input type="checkbox"/>	>3000L/day DSF/50= _____ m ²
Proposed _____ m ²		
# of Pods: _____	Arranged as _____ x _____ m ²	
Distribution Type: <input type="checkbox"/> Pipe <input type="checkbox"/> Chambers	Arranged as _____ runs of _____ m	Total _____ m
Expanded Contact Area: QT/850 = _____ m ²	Proposed _____ m ²	
If Raised, Height above existing grade to top of filter sand area: _____ m		

Conventional Trench

Daily Sewage Flow (DSF) x T / 200 = _____ m Proposed: _____ m
 Request for Reduction: Type _____ DSF x T / 300 = _____ m
 Percolation Rate of fill (if required): _____ min/cm
 If Raised, Height above existing grade to bottom of stone layer: _____ m

Loading Rate Area

Daily Sewage Flow / Loading Rate = _____ m² Proposed: _____ m²

Receiving Soil Percolation Rate	Loading Rate Factor
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

15m Extended Mantel Required: Yes No Native

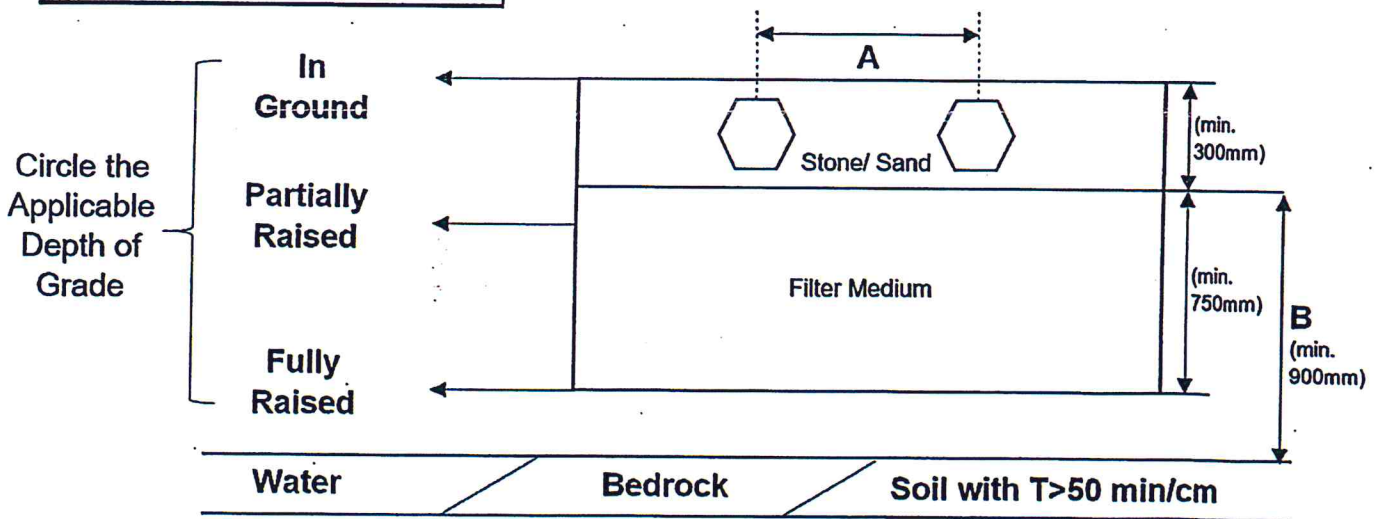
Higher Treatment Level Proposed? Details:

Manufacturer _____ Model _____ BMEC/BNQ Authorization _____ # Units _____

Method of Headerline and Distribution Pipe Detection:

magnetic means tracer wire other, please specify _____

Cross Section – Filter Bed



A – Proposed horizontal offset Distance between Runs _____ m

B – Proposed depth of Excavation to Water Table/ Bedrock _____ m



Ontario Building Code & Guides

**Table 7.4.9.3.
Minimum Permitted Size of Fixture Outlet Pipe and Hydraulic Loads for Fixtures**

Fixture	Min. Size of Fixture Outlet Pipe, in.	Hydraulic Load, fixture units
Autopsy table	1½	2
Bathroom group		
a) with flush tank		6
b) with direct flush valve		8
Bathtub (with or without shower)	1½	1½
Bathtub: foot, sitz, or slab	1½	1½
Bed pan washer	3	6
Beer cabinet	1½	1½
Bidet	1¼	1
Chinese range	1½	3
Clothes washer		
a) domestic	N/A	1½ with 1½ in. trap
b) commercial	N/A	2 with 1½ in. trap
Dental unit or cuspidor	1¼	1
Dishwasher		½
a) domestic	1½	no load when connected to garbage grinder or domestic sink
b) commercial type	2	3
Drinking fountain	1¼	½
Fish tank or tray	1½	1½
Floor drain	2	2 with 2 in. trap 3 with 3 in. trap
Garbage grinder	2	3
Icebox	1¼	1
Laundry tray		
a) single or double units or 2 single units with common trap	1½	1½
b) 3 compartments	1½	2
Lavatory		
a) barber or beauty parlor	1½	1½
b) dental	1¼	1
c) domestic type single, or 2 single with common trap	1¼	1 with 1¼ in. trap 1½ with 1½ in. trap
d) multiple or industrial type	1½	3
Potato Peeler	2	3
Shower drain		
a) from 1 head	1½	1½
b) from 2 or 3 heads	2	3
c) from 4 to 6 heads	3	6
Sink		
a) domestic and other small type with or without garbage grinders, single, double, or 2 single with a common trap	1½	1½
b) other sinks	1½	1½ with 1½ in. trap 2 with 2 in. trap 3 with 3 in. trap
Urinal		
a) pedestal, siphon jet or blowout type	2	4
b) stall, washout type	2	2
c) wall		
i) washout type	1½	1½
ii) other types	2	3
Water closet		
a) with flush tank	3	4
b) with direct flush	3	6

**Table 8.2.1.3.A.
Residential Occupancy**

Residential Occupancy	Volume (litres)
Apartments, Condominiums, Other Multi-family Dwellings - per person ¹	275
Boarding Houses	
a) Per person,	
i) with meals and laundry facilities, or	200
ii) without meals or laundry facilities, and	150
b) Per non-resident staff per 8 hour shift	40
Boarding School - per person	300
Dwellings	
a) 1 Bedroom Dwelling	750
b) 2 Bedroom Dwelling	1100
c) 3 Bedroom Dwelling	1600
d) 4 Bedroom Dwelling	2000
e) 5 Bedroom Dwelling	2500
f) Additional flow for ⁽²⁾	
i) each bedroom over 5,	500
ii) A) each 10 m ² (or part thereof) over 200 m ² up to 400 m ² ⁽³⁾ ,	100
B) each 10 m ² (or part thereof) over 400 m ² up to 600 m ² ⁽³⁾ , and	75
C) each 10 m ² (or part thereof) over 600 m ² ⁽³⁾ , or	50
iii) each fixture unit over 20 fixture units	50
Hotels and Motels (excluding bars and restaurants)	
a) Regular, per room	250
b) Resort hotel, cottage, per person	500
c) Self-service laundry, add per machine	2500
Work Camp/Construction Camp, semi-permanent per worker	250

**Table 8.2.1.5.
Clearance Distances for Sewage Systems**

	Clearance Distances for Class 1, 2 and 3 Sewage Systems			
	Minimum horizontal distance in metres from a spring used as a source of potable water or well other than a well with watertight casing to a depth of at least 6 m.	Minimum horizontal distance in metres from a spring used as a source of potable water or well other than a well with watertight casing to a depth of at least 6 m.	Minimum horizontal distance in metres from a lake, river, pond, stream, reservoir, or a spring not used as a source of potable water.	Minimum horizontal distance in metres from a Property Line.
Earth Pit	15	30	15	3
Privy				
Privy Vault	10	15	10	3
Pail Privy				
Greywater System	10	15	15	3
Cesspool	30	60	15	3



**Table 8.2.1.6.A.
Minimum Clearances for Treatment Units**

Structure	15 m
Well	15 m
Lake	15 m
Pond	15 m
Reservoir	15 m
River	15 m
Spring	15 m
Stream	15 m
Property Line	3 m

**Table 8.2.1.6.B.
Minimum Clearances for Distribution Pip-**

Structure	5 m
Well with a watertight casing to a depth of 6 m	15 m
Any other well	30 m
Lake	15 m
Pond	15 m
Reservoir	15 m
River	15 m
A spring not used as a source of potable water	15 m
Stream	15 m
Property Line	3 m

**Table 8.2.1.6.C.
Minimum Clearances for Holding Tanks**

Structure	1.5 m
Well with a watertight casing to a depth of at least 6 m	15 m
Any other well	15 m
A spring	15 m
Property Line	3 m

**Table 2.
Soil Percolation Rates**

Soil Type (unified soil classification)	Coefficient of Permeability K - cm/sec.	Percolation Time - T mins/cm.	Comment
Coarse Grained - More than 50% larger than #200			
G.W. - Well graded gravels, gravel-sand mixtures, little or no fines.	10 ⁻¹	<1	very permeable unacceptable
G.P. - Poorly graded gravels, gravel-sand mixtures, little or no fines.	10 ⁻¹	<1	very permeable unacceptable
G.M. - Silty gravels, gravel sand- silt mixtures.	10 ⁻² -10 ⁻⁴	4-12	Permeable to medium permeable depending on amount of silt.
G.C. - Clayey gravels, gravel-sand-clay mixtures.	10 ⁻⁴ -10 ⁻⁶	12-50	Important to estimate amount of silt and clay.
S.W. - Well-graded soils, gravelly sands, little or no fines.	10 ⁻¹ -10 ⁻⁴	2-12	medium permeability
S.P. - Poorly graded sands, gravelly sand, little or no fines.	10 ⁻¹ -10 ⁻²	2-8	medium permeability
S.M. - Silty sands, sand-silt mixtures.	10 ⁻² -10 ⁻⁵	8-20	medium to low permeability
S.C. - Clayey sands, sand-clay mixtures.	10 ⁻⁴ -10 ⁻⁶	12-50	medium to low permeability (depends on amount of clay)

**Table 3.
Approximate Relationship of Soil Types to
Permeability and Percolation Time**

Soil Type (unified soil classification)	Coefficient of Permeability K - cm/sec.	Percolation Time - T mins/cm.	Comment
Fine Grained - More than 50% passing #200			
M.L. - Inorganic silts and very fine sands, rock flour, silty or clayey fine sands, clayey silts with slight plasticity.	10 ⁻⁵ - 10 ⁻⁶	20 - 50	medium to low permeability
C.L. - Inorganic clays of low to medium plasticity gravelly clays, sandy clays, silty clays, lean clays.	10 ⁻⁶ and less	over 50	unacceptable
O.L. - Organic silts, organic silty clays of low plasticity; liquid limit less than 50	10 ⁻⁵ and less	20 - over 50	acceptable depends on clay content.
M.H. - Inorganic silts, micaceous or diatomaceous fine sandy soil or silty soils, elastic silts	10 ⁻⁶ and less	over 50	unacceptable
C.H. - Inorganic clays of medium to high plasticity, organic silts	10 ⁻⁷ and less	over 50	unacceptable
O.H. - Organic clays of medium to high plasticity- organic silt; liquid limit over 50	10 ⁻⁶ and less	over 50	unacceptable

NOTE:

1. All clearance distances are increased by twice the height that the leaching bed/filter bed is raised above the original ground.
2. Greywater systems must be maintained at least 5 metres from any structure.