

38 rue Victoria Street, Finch, ON K0C 1K0 Tel: 613-984-2948 Fax: 613-984-2872 Toll Free: 1-877-984-2948 www.nation.on.ca

# Application for a Permit to Construct or Demolish Applicant's Checklist

☐ Completed	d Application
□ Deed of La	and (Registered Plan may be requested)
☐ Floor Plan	(including basement area)
for each Pe	ermit Application Submitted
☐ Applicable	e Fees
(Refer to So	chedule 3 Section 2 & 3, and/or fees list located on website)
☐ SNC Plann	ing and Engineering Review (if applicable)
(Refer to S	Schedule #3 section 5) of the septic permit
□ SNC Sourc	e Water Protection Review (if applicable)
Above documents and	d information not completed or not submitted may delay the approval process
Please send this appl	ication form to: septic@nation.on.ca



# **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					
Permit number:	Date rec	ceived:			
Roll number:					
Application submitted to:SOUTH NA	TION C	CONSERVATION	ON		
A. Project information					
Building number, street name				Unit number	Lot/con.
Municipality	Postal c	code	Plan number/other des	cription	
Project value est. \$			Area of work (m <sup>2</sup> )		
B. Purpose of application					
☐ New construction ☐ Addition to existing b			, 1	Demolition $\Box$	Conditional Permit
Proposed use of building		Current use of	building		
Description of proposed work					
<b>C.</b> Applicant Applicant is:	Owner	r or [	Authorized agent of		
Last name	First na	ime	Corporation or partners	ship	
Street address				Unit number	Lot/con.
Municipality	Postal c	code	Province	E-mail	
Telephone number Fax				Cell number	
D. Owner (if different from applicant)	"			1	
Last name	First na	me	Corporation or partners	ship	
Street address			1	Unit number	Lot/con.
Municipality	Postal o	code	Province	E-mail	



E. Builder (optional)  Street address    First name   Corporation or partnership (if applicable)	Telephone number	Fax		Cell number			
Street address   Corporation or partnership (If applicable	( )			( )			
Street address   Corporation or partnership (If applicable	E. Builder (optional)						
Municipality		First name	Corporation or partners	hip (if applicabl	e)		
Municipality							
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 Ontario New Home Warranties Plan Act?   Yes   No   Ino, go to section G.  iii. Is registration required under the Ontario New Home Warranties Plan Act?   Yes   No    iii. If yes to (ii) provide registration number(s):  G. Required Schedules  ii) 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  1) 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 applicable by-law, resolution or regulation and an under clause 7(1)(b) of the Building Code Act, 1992. to be paid when the applicable by-law, resolution or regulation made under clause 7(1)(b) of the Building Code Act, 1992. which enable the chief building of the Building Code Act, 1992 which enable the chief building of the Building Code Act, 1992 which enable the chief building of the Building Code Act, 1992 which enable the chief building of the Building Code Act, 1992 which enable the chief building of the Building Code Act, 1992 which	Street address			Unit number		Lot/con.	
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I. Declaration of applicant    declare that:				No			
I	, , , , , , , , , , , , , , , , , , , ,						
<ol> <li>(print name)</li> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>	I. Declaration of applicant						
<ol> <li>(print name)</li> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>							
<ol> <li>(print name)</li> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>							
<ol> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>	I(print name)		declare that:				
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.  ———————————————————————————————————	(princhanc)						
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.  ———————————————————————————————————	1. The information contained in this applicati	on, attached schedules, at	tached plans and specifica	tions, and other	attac	hed docume	entation is
	true to the best of my knowledge.		•		accao		
Date Signature of applicant	2. If the owner is a corporation or partnership	, I have the authority to bi	nd the corporation or part	nership.			
Date Signature of applicant							
	Date S	ignature of applicant	<del></del>				



# SCHEDULE 1: DESIGNER INFORMATION

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

	t Information nber, street name			Unit no.	Lot/con.
			V2000000000000000000000000000000000000	man Maria	2000011.
Municipality		Postal code	Plan number/other des	cription	
B. Individ	lual who reviews and	takes responsibil	ity for design activities		
Name		***************************************	Firm		
Street addre	ess		1	Unit no.	Lot/con.
Municipality	X.	Postal code	Province	E-mail	\
Telephone r	number	Fax number		Cell number	1000
C. Design Division C		by individual ide	entified in Section B. [I	Building Code T	able 3.5.2.1. of
☐ House ☐ HVAC - ☐ Buildings ☐ Buildings ☐ Detection ☐ Complex Buildings ☐ Fire Pro			ng Services tion, Lighting and Power	Plumbii	ng – House ng – All Buildings Sewage Systems
Doolor					
o. Deciali	ation of Designer			declare that (cho	nse one as annronria
D. Decials	•	nt name)		_declare that (choo	ose one as appropria
D. Declara	(pri	nsibility for the design	n work on behalf of a firm re he firm is registered, in the	egistered under sul	bsection 3.2.4.of Divi
	(pri I review and take respond C, of the Building Code Individual BCIN: Firm BCIN: I review and take responder subsection 3.2.5.	nsibility for the design I am qualified, and the	he firm is registered, in the  and am qualified in the ap Juilding Code.	egistered under sul appropriate classe	bsection 3.2.4.of Divies/categories.
	I review and take respond to the Building Code Individual BCIN:  Firm BCIN:  I review and take responder subsection 3.2.5.  Individual BCIN:	nsibility for the design I am qualified, and the nsibility for the design of Division C, of the B	he firm is registered, in the  and am qualified in the ap Juilding Code.	egistered under sul appropriate classe propriate category	bsection 3.2.4.of Divies/categories.
	I review and take respondence of the Building Code Individual BCIN:  Firm BCIN:  I review and take responder subsection 3.2.5. Individual BCIN:  Basis for exemption  The design work is exer	nsibility for the design I am qualified, and the design of Division C, of the B of the more registration:	he firm is registered, in the	egistered under sul appropriate classe propriate category	bsection 3.2.4.of Divisors Section 3.2.4.of
certify that:	I review and take respond to the Building Code Individual BCIN:  Firm BCIN:  I review and take responder subsection 3.2.5. Individual BCIN:  Basis for exemption  The design work is exemption	nsibility for the design I am qualified, and the nsibility for the design of Division C, of the B n from registration: mpt from the registrat n from registration an	he firm is registered, in the  and am qualified in the ap Building Code.  ion and qualification required qualification:	egistered under sul appropriate classe propriate category ements of the Build	bsection 3.2.4.of Divisors bsection 3.2.4.of Divisors below to the section 3.2.4.of Divisors below the section of the section
certify that:	I review and take respondence of the Building Code Individual BCIN:  Firm BCIN:  I review and take responder subsection 3.2.5. Individual BCIN:  Basis for exemption  The design work is exer Basis for exemptions	nsibility for the design I am qualified, and the design of Division C, of the B of the most registration:	he firm is registered, in the  and am qualified in the ap Building Code.	egistered under sul appropriate classe propriate category ements of the Build	bsection 3.2.4.of Divisors bsection 3.2.4.of Divisors below to the section 3.2.4.of Divisors below the section of the section



### SCHEDULE 2: SEWAGE SYSTEM INSTALLER INFORMATION

A. Project Information					
Building number, street name	ding number, street name		Unit number	Lot/con.	
Municipality	Postal code	Plan number/ other de	description		
B. Sewage system insta	ller				
Is the installer of the sewage s emptying sewage systems, in a Yes (Continue to Sec	accordance with Building Co	ness of constructing on-si ode Article 3.3.1.1, Division (Continue to Section E)	on C?	, servicing, cleaning or runknown at time of tion (Continue to Section E)	
	nformation (where answ	ver to B is "Yes")			
Name			BCIN		
Street address			Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail	· I	
Telephone number	Fax ( )		Cell number		
D. Qualified supervisor	information (where ans	wer to section B is "	Yes")	i i	
Name of qualified supervisor(s	79	Building Code Identific	attorriverniber (BCIIV)		
E. Deciaration of Applic	unc			<u> </u>	
1				declare that:	
(pri	nt name)			docrare trut.	
I am the applicant for submit a new Schedu OR	the permit to construct the s le 2 prior to construction wh	sewage system. If the in en the installer is known	staller is unknown at ti ;	me of application, I shall	
I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the install-known.			le 2, now that the installer is		
I certify that:					
The information conta	ained in this schedule is true	to the best of my knowle	edge.		
2. If the owner is a corpo	oration or partnership, I hav	e the authority to bind the	e corporation or partne	ership.	
Date		Signature of applicant		<u>.</u>	

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 3 - APPLICATION INFORMATION

- 1. Application form, Schedules 1 to 14 must be submitted.
- 2. Application fees:
  - a) Class 2 & 3 systems and tank replacement: \$400
  - b) Class 4 & 5 systems: < 4000 L/d: systems requiring annual maintenance: \$870; Other Systems: \$785
  - c) Class 4 & 5 systems: ≥ 4000 L/d and < 10000 L/d: systems requiring annual maintenance: \$1,255; Other Systems: \$1,255
  - d) For Certificate of Change (revisions), transfer of permit and additional inspections please refer to fee schedule
- 3. Class 4 fees will not include the excavation inspection, this inspection will be considered as an additional to allow the homeowner the option of obtaining a certified engineer or SNC to conduct the excavation inspection. The certified engineer must provide SNC with an inspection report that will be part of the permit process and approval. Please refer to fee schedule for additional Inspections.
- 4. No application will be processed if a copy of the Transfer/Deed of Land or a municipal tax receipt and architectural drawing for the property in question are not enclosed.
- 5. Any changes subsequent to the original application will require that a Certificate of Change and fees be submitted to our office Section 8.(12)(13)(14) of the Building Code Act. Please refer to fee schedule.
- 6. Contact the applicable CA Planning and Engineering department or Township Office if the said property is located in proximity of a waterway, in a zone subject to landslides or unstable slopes. A development permit may be required from the authority Section 8.(2)(a) of the Building Code Act.
- 7. SNC strongly recommends that fencing or equivalent protection encircle any test pit or any septic/holding tank excavation until placement of backfill material, and that tank access lids always be maintained in place. SNC and its agent will not assume any responsibility for negligence relating to these safety measures.
- 8. The operator/owner of the sewage system shall keep it maintained at all times so that its construction remains in accordance with the requirements of the Ontario Building Code. Vehicular traffic (including snowmobiles and ATVs) must not be allowed over the leaching bed. Do not allow roof drains to discharge to the treatment unit or surface waters to drain towards the area of the leaching bed Section 8.9.3.2.(1)(2) of the Ontario Building Code.
- 9. The sewage system permit will be cancelled after twelve (12) months of the date of issuance of the said permit Section 8.(10) (b) (c) of the Building Code Act.
- Tile drainage within 8 meters of the leaching bed must be removed or the lines broken so as to prevent the entry of sewage effluent into the drains. Table 8.2.1.6. B and Section 8.2.1.6.(2) of the Ontario Building Code.
- 11. We recommend that the following trees be kept at a distance of 5 meters for hard maple, elm, ash and evergreen and a distance of 8 meters for silver maple, soft maple, willow family, poplar or any large trees. We may require a letter from the applicant accepting responsibility for any damages caused to or by any trees Section 8.9.3.2.(2) of the Ontario Building Code.
- 12. The building shall be located and the building site graded so that water will not accumulate at or near the building and will not adversely affect any adjacent properties Section 3.1.17.1.(1) of the Ontario Building Code.
- 13. Where piping may be exposed to freezing conditions, it shall be protected from frost (see Appendix A), Section 7.3.5.5.(1) of the Ontario Building Code.

Signature of Owner	Date
Signature of agent (if applicable)	Date



# **SCHEDULE 4 - SOIL AND WATER TABLE INFORMATION**

(Minimum depth of test pit: 2 metres)

Name of applicant/agent:		Inspector:  Date:  Inspector's signature:
EG () Soil description	т	EG () Soil description
.5 m		.5 m
+ +		+ +
1.0 m		1.0 m
1.5m		1.5m
T		
2.0 m		2.0 m
EG () Soil description	Т	EG () Soil description
.5m		.5m
+ +		
1.0 m		1.0 m
+ +		+ +
1.5m		1.5m
2.0 m		2.0 m



# SCHEDULE 5- PERMIT APPLICATION / CERTIFICATE OF CHANGE

	☐ PERMIT APPLICATION ☐ CERTIFICATE OF CHANGE
	<u>SECTIONS</u>
1.	TYPE OF WORK PROPOSED:
	New Installation Replacement Leaching Bed Replacement Tank Only Alteration Decommissioning (must fill out Section 5) (Detail Work on schdule 6)
2.	TYPE OF WATER SUPPLY (Identify all types) (Check Applicable: P = Proposed or E= Existing)
	Drilled Well: P E Sandpoint Well: P E Dug/Bored: P E
	Municipal: P E River Intake: P E Other:
3.	a) DAILY SEWAGE DESIGN FLOW
	Bedrooms House (floor area)m2
	Persons Total Fixture Units(Schedule7)
	Residential Other Occupancies Lot Surface Aream2
	Total Flow:L/Day
	Detailed flow:
4.	TYPE OF TREATMENT UNIT (TANK) Proposed Existing
	Volume:L Effluent Filter/Risers
	Tertiary Model: Design flow Up toL
5.	TANK REPLACMENT ONLY (must provide the existing use permit or an evaluation by license individual)
	Use Permit or Evaluation: m
	Required as per actual daily/flow:L
	Tank d/f X =L & Pipes d/f X / =m
6.	TYPE OF SYSTEM
	Class 2 - Leaching pit Class 3 - Cesspool Class 5 - Holding Tank
	Class 4
	Conventional Leaching Bed Filter Media Beds Shallow Buried Trench
	Type A Dispersal Beds Type B Dispersal Beds Other System:(BMEC Approval)



# SCHEDULE 5, page 2

CONVENTIONAL PIPE	Interconnected	<u>Calculatio</u>	ns L= QT/200 or L= QT/300
CHAMBERS	Total length:meters		
EZ FLOW	# of runs of me	tres	
FILTER MEDIA BEDS			Calculations A= QT/850
Stonem Xm =n	n2	Q/75 =	
Pipe @ m = m	Spacingm (1.2 max)	Q/4(soils) =	
Sandm Xm =m	2	QT/850 FM Expanded base =_	
Filter Mediam Xm =	m3	_	
SHALLOW BURIED TRENCH	$\Box$ Pressurized $\Box$ Time Do	osed	Calculations Q/75, 50, or 30
Pipe @ m =	m		
Contactm Xm = _	m2 / Spacingm (mi	n.2m)	
TYPE A TYPE B DISPERSA	L BEDS Pressurized	Time Dosed Calculations A	=QT/850 or 400 & A= Q/50 or 75)
Stonem Xm =m	2		
Pipe @ m = m	/ Spacingm (1.2 max) or Shell		
Sandm Xm =m	2		
OTHER SYSTEMS BMEC APPROV	AL NAME:		<u>Calculations</u>
Stonem Xm =m2			
Units/Pipe @ m =	_m / Spacingm		
Sandm Xm =m2	/ Other Sand:m Xm = _	m2	
☐ PUMP ☐ On Demand	$\Box$ Time Dosed		
Volume Calculations:	Spedify discharg	e rate required:	L/15mins
Make:	Model		
DISTRIBUTION BOX FLO	OW DIVIDER DOUBLE HEA	ADER	
Describe:			
FROST PROTECTION REQUIRED	YES NO		
If YES, describe:			_
LOADING RATE CALCULATIONS			
Loading rate:L/n	n2/d (Sections 8.7.4.1 and 8.7.3.1	of the Ontario Building Code)	
Loading rate/contact areacalculations:	L/d +L/m2/d = _	m2	
Percolation time of native soil:		Native Utilize (Required Form U	tilization of Native Soils)
Percolation time of imported leaching bed	l fill:		
Dimension of excvation:m X _	m =m2	and/or Refer to drawing Irregula	r Dimension



# **SCHEDULE 6**

 $\square$ art 11 applicable (Distances Only)

☐ Tank and/or

	AS	·BUILT – LAYOUT SE	CTION (PLAN VIEW)		Leaching bed
☐ Vacant land☐ Existing structure☐ Well Drill☐ Dug					
Draw dwelling/					Draw dwelling/   well(s)
Applicable N	☐ If more than one sewage sy	hauled or crush   Existi		ense Individual	required from owne
SEPERA	TION DISTANCES (METERES)				
D1		D7	D10	D13	
D2	D5	D8 D9	D11	D14	
D3	D6 IONS (METERS)	D9	D12	D15	_
BM		¥Λ	X6	X8	
X1		X4 X5	X7	λο	-
воттог	M OF PIPES (METRES)				
X9	X10	X11	X12		
	Signature of Installer or Refer to Sche	dule 2		Date	_



# SCHEDULE 7 FIXTURE UNIT COUNT

## (Ontario Building Code Table 7.4.9.3 and Table 7.4.10.2)

	Fixtures	# Existing	+	# Proposed	x	Unit Count	=	Fixture Count
BATHROOM	Bathroom group (toilet, sink and tub or shower) with flush tank		+	0	Х	6	=	
	Bathtub with/without overhead shower		+		Х	1.5	=	i.
	Shower stall	3.00	+		Х	1.5	=	
	Wash basin (1 1/2 inch trap)		+		Х	1.5	=	
	Watercloset (toilet) tank operated		+		Х	4	=	,
	Bidet		+		Х	I	<u> </u>	
KITCHEN	Dishwasher		+		Х	1	=	
	Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+		Х	1.5	=	
OTHER	Domestic washing machine		+		Х	1.5		
	Combination sink and laundry tray single or double (installed on 1 1/2 trap)		+		Х	1.5	Ξ	

# Insert the TOTAL in section 5 of Schedule 4 (0.Reb.403/97 Table 7.4.9.3).

- Sump pumps and floor drains are not to be connected to the sewage system. Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above-mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
- 2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner's signature:	Date:



# SCHEDULE 8 – TYPICAL DRAWING A ABSORPTION TRENCH METHOD

K			<del>\</del> -	# #	<del>+ -</del>		_	EXISTING GRADES						
			CH at	HEADER				APPROVED INSTALLATION GRADES (OCSSO)		HEADER	ENDS		11	
		FOOTER Applicable	RUNS at METRES EACH at 1.6 METRES CENTRES					PROPOSED INSTALLATION GRADES		HEADER	ENDS			*
			LIFE BUNS	L		1 m 1	_	_	FINISHED GRADE	1	Paper	Washed Stone	0.9m Sand	
								_	1.6m	<u> </u>	mm 1	7 150mm	0.5m 🖈	
PLAIN	ΙĒ	Mantle Required Yes 🗀 No	Excavation:	Clay Seal: Yes No	Fully Raise: ————————————————————————————————————		NOT TO SCALE	Sand Mantle 15m(min)	1111	1 0.6-0.9m		Sand Fill		250mm (min) MANTLE (if required) 1.70 (min)
1		Š		ວັ 	Fu Fa		PROFILE							250mm (mil

Private Sewage System Application Form (Application for a Permit to Construct or Demolish) Version March 2018

Remove topsoil and raise with native material to approved elevation  $\ \square$  Applicable  $\ \square$  N/A

| IMPERVIOUS SOIL PERVIOUS SOIL

BEDROCK

WATER TABLE

Grade at toe of mantle / Opening to:

Swale Drain

**Existing Grade** 

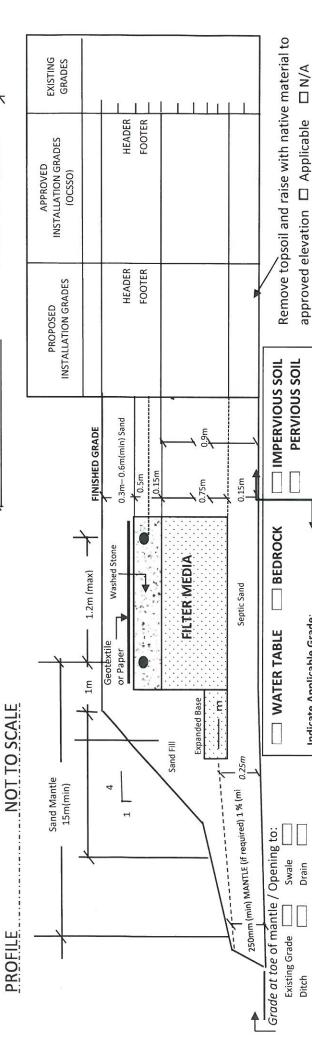
Ditch Other:

Indicate Applicable Grade:



# SCHEDULE 9- TYPICAL DRAWING B FILTER MEDIA METHOD

	SEPTIC SAND	1m	RUNS at FOOTER METRES EACH at	CENTER SPACING (1.2m max) METRES CENTRES HEADER				PIPE THE THE MAKE STONE
	EXPANDED FM BASE		SNUA					m + m +
PLAN  PLAN		Mantle Required: Yes	Excavation:	Scarification: Yes No	Clay Seal: Yes No	Fully Raise:	In – Ground:	



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Indicate Applicable Grade:

Other:



# SCHEDULE 10 – TYPICAL DRAWING C

Dispersal Bed Type A 

Pipes or 
Shell (adjust cross section accordingly)

	0.6m (max) of the perimeter of stone layer	EVENLY SPACE TILE RUNS  RUNS at  METRES EACH at  CONTERS SPACING  CONTERS SPACING	(1.2m max) METRES CENTRES	RECTANGULAR STONE LAYER m2	Rm2	Mantie 15m (min)	
PLAN	Mantle Required: Yes	Excavation:	Scarification: Yes No	Clay Seal: Yes No No	Fully Raise: Sand Layer		

EXISTING GRADES HEADER/FOOTER APPROVED
INSTALLATION GRADES
(OCSSO) HEADER/FOOTER INSTALLATION GRADES HGWT PROPOSED ☐ IMPERVIOUS SOIL 0.3m (recommended) FINISHED GRADE TW2H soils of 1min or less or greater than 50min 0.6m to HGWT where 0.2m (min) 0.30m (min) 0.05m Washed Stone 0.6m (max) BEDROCK SAND T = 6 - 105% silt or less 1.2m (max) Geotextile or Paper 7 WATER TABLE 0.6m Sand Mantle 15m(min) 250mm (min) MANTLE (if required) 1 % (min) Stabilized against erosion Grade at toe of mantle / Opening to: Permeable fill Swale **Existing Grade** 

NOT TO SCALE

PROFILE

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Indicate Applicable Grade:

Drain

Ditch Other:

Remove topsoil and raise with native material to

D N/A

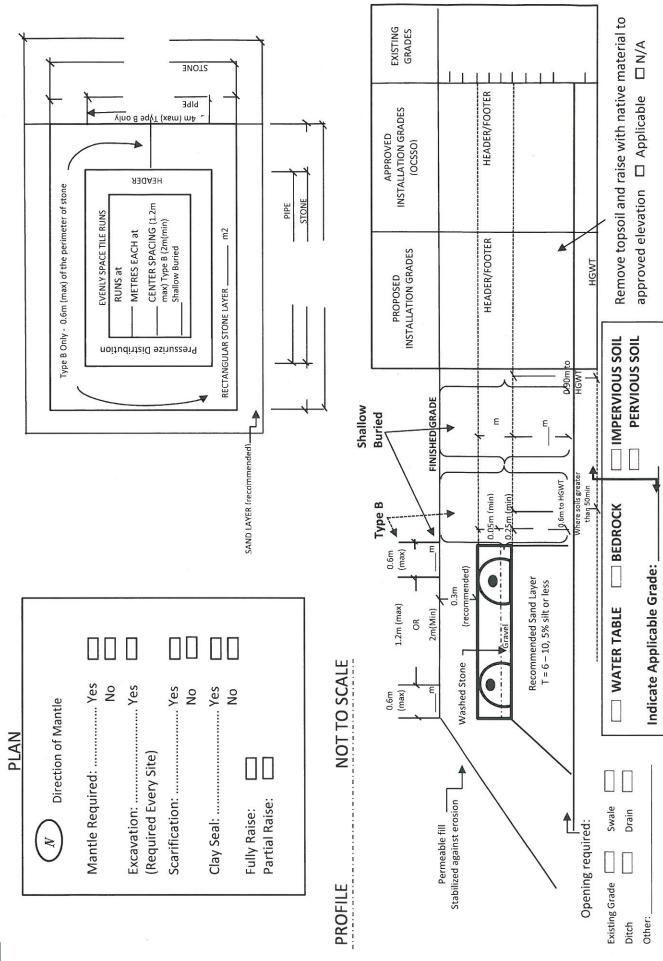
☐ Applicable

approved elevation

**PERVIOUS SOIL** 



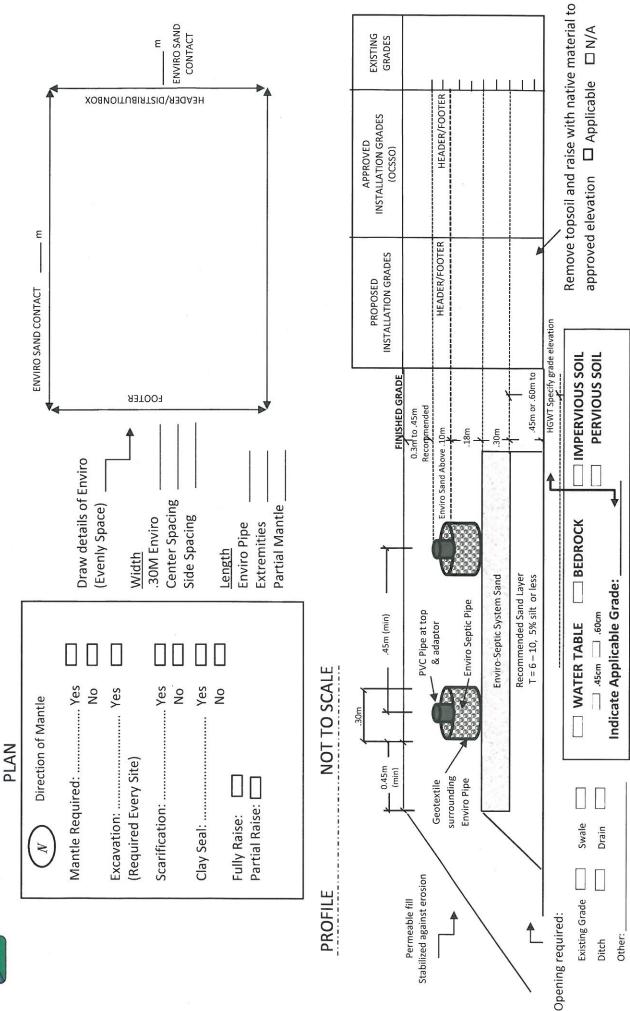
# SCHEDULE 11 – TYPICAL DRAWING D ☐ Dispersal Bed B ☐ Shallow Buried



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# SOUTH NATION CONSERVATION DE LA NATION SUD

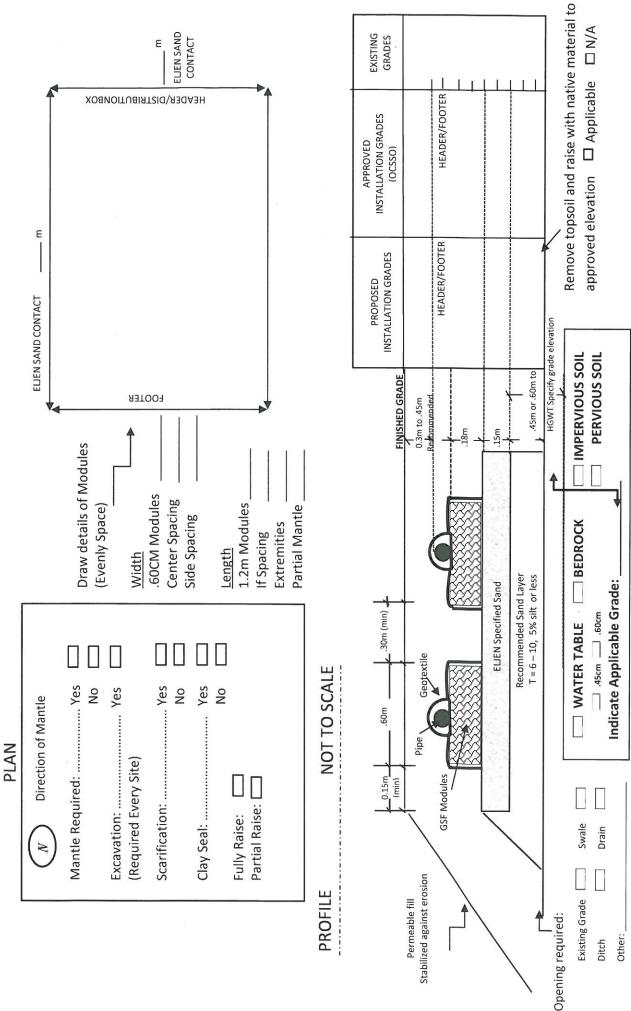
# SCHEDULE 12 – TYPICAL DRAWING E Enviro Septic System



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# SCHEDULE 13 – TYPICAL DRAWING F Eljen GSF System



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## SCHEDULE 14 - ONTARIO BUILDING CODE MAINTENANCE AND SERVICING REQUIRMENTS

This information sheet is designed to inform the property owner of the Ontario Building Code requirements for maintenance and servicing of the proposed treatment unit indicated on your design that is used in conjunction with the leaching bed constructed as a shallow buried, Type A, Type B dispersal bed and other types of septic system requiring maintenance and servicing under BMEC approval.

## Building Code states:

### 8.9.2.3. Class 4 Sewage Systems

- (1) Every Class 4 *sewage system* shall be operated in accordance with the literature required by Sentence 8.6.2.2.(6).
- **(2)** No person shall operate a *treatment unit* other than a *septic tank* unless the person has entered into an agreement whereby servicing and maintenance of the *treatment unit* and its related components will be carried out by a person who,
  - (a) possesses a copy of the literature required by Sentence 8.6.2.2.(6), and
  - (b) is authorized by the manufacturer to service and maintain that type of *treatment unit*.
- (3) The person authorized by the manufacturer to service and maintain the *treatment unit* and who has entered into the agreement referred to in Sentence (2) with the person operating the *treatment unit* shall notify the *chief building official* if,
  - (a) the agreement is terminated, or
  - (b) access for service and maintenance of the *treatment unit* is denied by the person operating the *treatment unit*.

### 8.9.2.4. Sampling of Treatment Units

- (1) Every person operating a *treatment unit* that is used in conjunction with a *leaching bed constructed* as a *shallow buried trench*, *Type A dispersal bed* or *Type B dispersal bed* shall,
  - (a) take a grab sample of the *effluent* to determine the level of CBOD<sub>5</sub> and suspended solids in the *effluent*,
  - (b) carry out the sampling required by Clause (1)(a) in accordance with the methods described in the APHA/AWWA/WEF, "Standard Methods for the Examination of Water and Wastewater", and
  - (c) promptly submit the results of the sampling required by Clause (a) to the chief building official.
  - (2) Except as provided in Sentence (4), the sampling required by Sentence (1) shall be conducted,
  - (a) initially, once during the first 12 months after the sewage system was put into use, and
  - (b) thereafter, once during every 12-month period, at least 10 months and not more than 18 months after the previous sampling has been completed.
- (3) The concentration of  $CBOD_5$  and suspended solids in the grab sample described in Sentences (1) and (4) is deemed to comply with the maximum concentration requirements set out in Table 8.6.2.2. when it does not exceed 20 mg/L for each of these parameters.
- **(4)** If the results of the sampling required by Sentence (1) do not comply with Sentence (3), the person operating the *treatment unit* shall,
  - (a) resample the *effluent* in accordance with Clauses (1)(a) and (b) within 6 months after the previous sampling has been completed, and
- (b) promptly submit the results of the resampling required by Clause (a) to the chief building official.

property will not be in conformity with the building code.						
Signature of property owner	Date					

At any time, the above requirements are not adhere, the sewage system located on your