

### Sewage System Permit Guidelines

All permits shall be submitted through our online permit application software, Cloudpermit. For more information, visit our webpage at <a href="https://www.oro-medonte.ca/municipal-services/building-information">https://www.oro-medonte.ca/municipal-services/building-information</a>

	Description	Required	Submission Status	Notes		
Applicable Law	<ul> <li>Conservation Authority</li> <li><u>Nottawasaga Valley Conservation Authority</u> (NV</li> <li><u>Lake Simcoe Conservation Authority</u> (LSRCA)</li> </ul>	'CA)		If applicable		
Appli	Ministry of Transportation (MTO)			If applicable		
	Schedule 1: Designer Information	~				
Forms	Schedule 2: Sewage System Installer Information	$\checkmark$				
Fo	Municipal Form 1: Sewage Fixture Count	✓				
	Municipal Form 2, 3 or 4	✓				
Plans	<ul> <li>Site Plan</li> <li>Identify bed and tank</li> <li>Provide dimensions for bed &amp; clearances</li> <li>Identify ALL surrounding well locations &amp; types</li> </ul>	s ✓				
•	Cross Section <ul> <li>Label imported/native elements with depths</li> <li>Identify existing grade</li> </ul>	✓				
.	<ul> <li>Septic Permit Fee:</li> <li>\$650.00 – New Installation, repair, or replacement</li> <li>\$248.25 - Tank replacement (includes tanks, pump chambers, and treatment units)</li> </ul>					
<ul> <li>Where a Test Hole Inspection is required to complete Septic Review</li> <li>2 test holes, excavated with a backhoe 5 feet deep in the location of proposed septic.</li> <li>Book a test hole and site evaluation inspection online at <a href="https://www.oro-medonte.ca/municipal-services/building-information/inspections/inspection-booking">https://www.oro-medonte.ca/municipal-services/building-information/inspections/inspection-booking</a> or (705) 487-2171 ext. 2180. Note: At this time you are unable to book a test hole inspection through Cloudpermit as the permit Is not approved/issued.</li> </ul>						
Where associated ELG design is applicable; crossApplicableYesNoreference of the septic design and approved ELG design shall be completed during Septic Permit Review.ApplicableYesNo						

## Municipal Form 1: Sewage Fixture Count

SP #

The proposed system will be: (Refer to Part 8 of the Ontario Building Code for complete information.)

Class 2 - Leaching Pit ... LIMITED USE

Class 3 - Cess Pool ... Restricted use ONLY to receive contencts of Class 1

Class 4 - Sewage Disposal Septic Tank or Treatment Unit

Absorption Trench Filter Bed Other

Class 5 - Holding Tank - Restricted to corrective use and some temporary or limited uses ONLY

Building and Plumbing Specifications (include roughed-in plumbing and proposed additions)

Description	# of Units	Dwelling #1		Dwelling #2		Others
Description	per Fixture	# of Fixtures	Fixture Count	# of Fixtures	Fixture Count	Other
Bathroom Group - 2 pc	5.5					
Bathroom Group - 3 pc	6					
Bathroom Group - 4 pc	7.5					
Bidet	1					
Kitchen Sink	1.5					
Washing Machine	1.5					
Laundry Tub	1.5					
Dishwasher	1.5					
Other	1.5					
Total Fixture Units				Total		
Finished Floor Area m <sup>2</sup>			Total			
Number of Bedrooms				Total		

Water Supply	Existing	Proposed			
	Municipal	Drilled Well	Dug Well	Lake/River	Other

Is there a WATER SOFTENER and/or IRON FILTER that discharges to the sewage system [ ] Yes [ ] No

Notes:

Installed with:

# Municipal Form 2: CLASS 4 "TRENCH BED"



 The plumbing will be high enough to allow gravity flow, otherwise a pump and pump chamber that is sized to deliver \_\_\_\_\_\_ litres per 15 min. cycle will be installed between the septic / tank treatment unit and the leaching bed.

SP #

- 2. "T" of original controlling soil layer \_\_\_\_\_ min./cm
- 3. Total "fixture units" value for dwelling unit: \_\_\_\_\_.
- 4. Total number of bedrooms in dwelling unit: \_\_\_\_\_\_.
- 5. Total finish floor area in dwelling unit: \_\_\_\_\_\_ sq. meters.
- 6. Total daily design sanitary sewage flow: \_\_\_\_\_ litres per day.
- 7. Minimum septic tank size \_\_\_\_\_ litres, or a treatment unit appropriately sized, meeting the requirements of OBC Subsection 8.6.2.2:
- 8. Calculations:
  - A is the area in  $m^2$
  - Q is the daily design sanitary sewage flow in litres
  - T is the percolation time of the underlying native soil in min/cm to a max of 50
  - Length of distribution pipe Loading Requirements (raised bed)
    - $L = \underbrace{QT}_{200} \qquad A = \underbrace{Q}_{Loading rate of soil L/m2}$   $L = \underbrace{x}_{200} \qquad A = \underbrace{A = \underbrace{Q}_{Loading rate of soil L/m2}}$   $L = \underbrace{A = \underbrace{Q}_{Loading rate of soil L/m2}}$
- 9. Benchmark established as \_\_\_\_\_
- 10. Leaching bed fill area of minimum \_\_\_\_\_m<sup>2</sup> will be excavated to the maximum depth of \_\_\_\_\_\_mm above / below benchmark / highest existing grade before the:
  - a) site was disturbed. Base will be graded and scarified.
  - b) Will deposit a minimum 250mm depth of leaching bed fill with a "t" no less than \_\_\_\_\_min. / cm.
  - c) Will deposit a minimum \_\_\_\_\_mm of suitable granular fill with a "t" of \_\_\_\_\_\_min / cm. plus perimeter over the leaching bed fill. Trenches excavated maximum 300mm deep into this fill. Stone deposited and distribution pipe laid into trenches.
- 11. Topsoil removed and trenches excavated to a maximum depth of \_\_\_\_\_ mm above/below benchmark/highest existing grade before the site was disturbed. Stone and pipe laid into trenches.

12. Other:

#### Municipal Form 3: CLASS 4 "FILTER BED" SP # The plumbing will be high enough to allow gravity flow, otherwise a pump and pump chamber 1. that is sized to deliver litres per 15 min. cycle will be installed between the septic / tank treatment unit and the leaching bed. "T" of original controlling soil layer \_\_\_\_\_ min./cm 2. 3. Total "fixture units" value for dwelling unit: \_\_\_\_\_. 4. Total number of bedrooms in dwelling unit: Total finish floor area in dwelling unit: sq. meters. 5. Total daily design sanitary sewage flow: \_\_\_\_\_ litres per day. 6. Minimum septic tank size \_\_\_\_\_\_ litres, or a treatment unit appropriately sized, meeting 7. the requirements of OBC Subsection 8.6.2.2: 8. Calculations: A - is the area in m<sup>2</sup> Q - is the daily design sanitary sewage flow in litres T - is the percolation time of the underlying native soil in min/cm to a max of 50 Filter Bed Area @ < 3,000 L/D Contact Area A = <u>QT</u> 850 A = \_\_\_\_\_\_ 75 A =\_\_\_\_\_\_75 A = \_\_\_\_\_\_\_ 850 A = A = Filter Bed Area @ >3,000 L/D Loading Requirements (raised bed) A = Q 50 $A = \frac{Q}{\text{per OBC Table 8.7.4.1.A.}}$ A = \_\_\_\_\_\_per OBC Table 8.7.4.1.A. A =\_\_\_\_\_ A = Minimum effective Surface Area (Filter Medium) \_\_\_\_\_ m<sup>2</sup> Minimum Leaching Bed Fill Area (Leaching Bed Fill) \_\_\_\_\_ m<sup>2</sup> 9. Benchmark established as Leaching bed fill area will be excavated to a maximum depth of \_\_\_\_\_ mm above/below 10. benchmark/highest existing grade before the site was disturbed. Base will be graded and scarified. Other: 11.

# Municipal Form 4: CLASS 4 "TREATMENT UNIT"

### Manufacturer:

SP #



#### Model No.

- 1. The plumbing will be high enough to allow gravity flow, otherwise a pump and pump chamber that is sized to deliver \_\_\_\_\_\_ litres per 15 min. cycle will be installed between the septic / tank treatment unit and the leaching bed.
- 2. "T" of original controlling soil layer \_\_\_\_\_ min./cm
- 3. Total "fixture units" value for dwelling unit: \_\_\_\_\_.
- 4. Total number of bedrooms in dwelling unit: \_\_\_\_\_.
- 5. Total finish floor area in dwelling unit: \_\_\_\_\_\_ sq. meters.
- 6. Total daily design sanitary sewage flow: \_\_\_\_\_ litres per day.
- 7. Minimum septic tank size \_\_\_\_\_\_ litres, or a treatment unit appropriately sized, meeting the requirements of OBC Subsection 8.6.2.2:
- 8. Calculations:
  - A is the area in  $m^2$
  - Q is the daily design sanitary sewage flow in litres
  - T is the percolation time of the underlying native soil in min/cm to a max of 50

Stone layer @ $\leq$ 3,000 L/D	Stone layer @ > 3,000 L/D	Sand layer:	
A =Q 75	$A = \underbrace{Q}{50}$	A = <u>QT</u> 850	
A =75	A =	$A = \underline{x}$ 850	
A =	A =	A =	

- 9. Benchmark established as \_\_\_\_\_
- 10. Contact/loading area will be excavated to a maximum depth of \_\_\_\_\_\_ mm above/below benchmark/highest existing grade before the site was disturbed. Base grade will be graded and scarified.
- 11. Other:

### **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 descrip	otion			
B. Individual who reviews and takes responsibility for design activities						
Name	•	Firm				
Street address	1	Unit no.	Lot/con.			
Municipality	Province	E-mail	I			
Telephone number	Fax number	Cell number				
C. Design activities undertaken by in Division C]	ndividual ider	ntified in Section B. [Bui	Iding Code Tab	ble 3.5.2.1. of		
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       Fire Protection       Sewage Systems						
D. Declaration of Designer						
1		de	eclare that (choos	e one as appropriate):		
(print name	e)					
I review and take responsibility C, of the Building Code. I am qu						
Individual BCIN:			_			
Firm BCIN:			_			
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:						
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:						
<ol> <li>The information contained in this schedule is true to the best of my knowledge.</li> <li>I have submitted this application with the knowledge and consent of the firm.</li> </ol>						
2. Thave submitted this application with the knowledge and consent of the lifth.						
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	nicipality 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?					
Yes (Continue to Section C)	Yes (Continue to Section C) No (Continue to Section E)			unknown at time of on (Continue to Section E)		
C. Registered installer informatio	n (where answ	ver to B is "Yes")	-			
Name			BCIN			
Street address			Unit number	Lot/con.		
Municipality	Postal code	Province	nce E-mail			
Telephone number	Fax	Cell number				
D. Qualified supervisor information	on (where answ	wer to section B is "Yes	")			
Name of qualified supervisor(s)		Building Code Identification	n Number (BCIN)			
E. Declaration of Applicant:						
				declare that:		
(print name)						
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;						
<u>OR</u>						
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:						
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 or partnership.						
Date     Signature of applicant						