

## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax number (    )	Cell number (    )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<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			
<b>D. Declaration of Designer</b>			
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

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<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 <span style="margin-left: 200px;">Signature of applicant</span></p>			

**PROPOSED DESIGN 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 / Eave trough 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	

\_\_\_\_\_

Designer Name
Signature
Date

<b>Office Use Only</b>			
Site Visit Complete:	Yes	No	Date
Approved:	Yes	No	File #
Reviewed By:	_____		_____
	Sewage System Inspector		Date

# Proposed Sewage System Design

<b>Class of System:</b>	2 or 3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Install <input type="checkbox"/> Repair	<b>Test Hole Ready:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>																
<b>Water Supply:</b>				<b>Soil Conditions:</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">SOIL CONDITION</th></tr> <tr><td style="width: 50%;">Depth (metres)</td><td style="width: 50%;">Soil Type</td></tr> <tr><td style="text-align: center;">0</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">0.5</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">1.0</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td style="text-align: center;">1.5</td><td style="border-left: 1px solid black; border-right: 1px solid black;"> </td></tr> <tr><td colspan="2">Show Rock Elevation _____</td></tr> <tr><td colspan="2">Show Water Table _____ W _____</td></tr> </table>		SOIL CONDITION		Depth (metres)	Soil Type	0		0.5		1.0		1.5		Show Rock Elevation _____		Show Water Table _____ W _____	
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Show Rock Elevation _____																							
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<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: _____				Est. Perc Rate _____ min/cm Bedrock Level _____ m High Water Level _____ m  <b>Date of Assessment:</b> _____																			

## 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			
<b>Total Fixture Units:</b>			

Total Number of Bedrooms (includes bunkies, lofts, etc.): \_\_\_\_\_

Total Area of Living Space on Property (includes bunkies, lofts, etc.): \_\_\_\_\_ m<sup>2</sup>

### Daily Sewage Flow Calculation:

- A. Base Flow from Number of Bedrooms: \_\_\_\_\_ L (max. 5)
- B. Additional Bedrooms over 5: \_\_\_\_\_ x500 = \_\_\_\_\_ L
- C. Each Additional Fixture Unit over 20: \_\_\_\_\_ x50 = \_\_\_\_\_ L
- D. Living Space up to 200m<sup>2</sup>:
- i. Each 10m<sup>2</sup> over 200m<sup>2</sup> up to 400m<sup>2</sup> : \_\_\_\_\_ x100 = \_\_\_\_\_ L
  - ii. Each 10m<sup>2</sup> over 400m<sup>2</sup> up to 600m<sup>2</sup> : \_\_\_\_\_ x75 = \_\_\_\_\_ L
  - iii. Each 10m<sup>2</sup> Greater Than 600m<sup>2</sup> : \_\_\_\_\_ x50 = \_\_\_\_\_ L

**Total Daily Sewage Flow(Q): (A + B, C, or D) = \_\_\_\_\_ L/day**

<b>Tank(s)</b>	Minimum Required	Proposed
Septic Tank Size: Daily Sewage Flow(Q) x2	= _____ L	= _____ L

**Filter Bed**

Filter Bed Area: <3000L/day DSF÷75= \_\_\_\_\_ m<sup>2</sup>      Proposed \_\_\_\_\_ m<sup>2</sup>

>3000L/day DSF÷50= \_\_\_\_\_ m<sup>2</sup>      Proposed \_\_\_\_\_ m<sup>2</sup>

No of Pods: \_\_\_\_\_      Arranged as \_\_\_\_\_ x \_\_\_\_\_ m<sup>2</sup>

Distribution Type:       Pipe       Chamber

Expanded Contact Area:      QT÷850= \_\_\_\_\_ m<sup>2</sup>      Proposed \_\_\_\_\_ m<sup>2</sup>

**If Raised, Height above existing grade to bottom of stone layer: \_\_\_\_\_ m**

**OR**

### 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

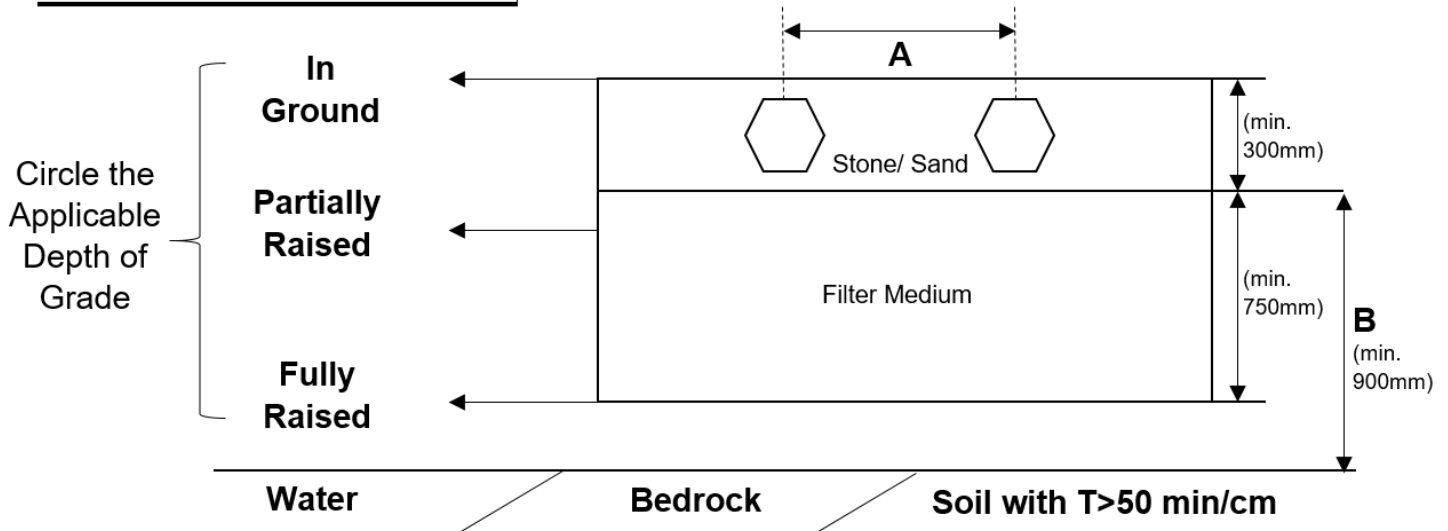
Daily Sewage Flow ÷ Loading Rate Factor = \_\_\_\_\_ m<sup>2</sup> Proposed: \_\_\_\_\_ m<sup>2</sup>

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

15m Extended Mantle Required:  Yes  No  Native

Higher Treatment Level Proposed? (Details):

## Cross Section – Filter Bed



**A** – Proposed horizontal offset Distance between Runs \_\_\_\_\_ m

**B** – Proposed depth of Excavation to Water Table/ Bedrock \_\_\_\_\_ m

**AS BUILT SITE PLAN**

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<b>Installer/ Site Supervisor</b>	<b>Signature</b>	<b>Date</b>

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