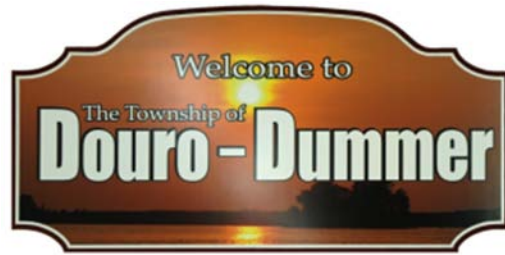


The Township of Douro-Dummer
894 South St., PO Box 92
Warsaw, ON
K0L 3A0
Phone: 705-652-8392



Application Guide for Sewage System (Septic) Permits

Checklist for complete permit application:

- Complete Application on **Cloud Permit**
- Building Permit Application Form (if uploading to Cloud Permit)
- Schedule 1 (Designer Information)
- Schedule 2 (Sewage System Installer)
- Authorization to Act as Agent Form (if applicable)
- Detailed Siteplan/Lot Layout
- Test pit dug to minimum 1.5m depth (call Leisha to schedule)
- Applicable Permit Fee

This application guide is intended to be used for Class 2 (Greywater System), Class 3 (Cesspool), Class 4 (Leaching Bed System), or Class 5 (Holding Tank) applications.

Ensure that you follow the steps that will guide you through the design process for the system and return the entire application guide with the required documentation listed above. If you have any questions, contact staff at the Township office:

Leisha Newton
Building Administrator
705-652-8392 x 211
leishan@dourodummer.on.ca

Don Helleman
Temporary Chief Building Official
705-652-8392 x 216
dhelleman@dourodummer.on.ca

Step 1: Fill in Highlighted areas

Test Pit Excavation date:

Depth (m)	Applicant Use		Inspector Use	
	Soil Type	"T" Time	Soil Type	"T" Time
0 – 0.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0.3 – 0.6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0.6 – 0.9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0.9 – 1.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 – 1.5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.5 +	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reference chart for common soil types:

Soil Type (Unified Soil Classification) Coarse Grained with more than 50% larger than #200	Percolation Time, T – mins/cm	Comment
GM – Silty gravels, gravel-sand-silt mixtures	4 – 12	Permeable depending on amount of silt
GC – Clayey gravels, gravel-sand-clay mixtures	12 – 50	T time depends on clay content
SM – Silty sands, sand-silt mixtures	8 – 20	Medium to low permeability
SC – Clayey sands, sand-clay mixtures	12 – 50	Medium to low permeability depending on clay content

Sewage System Design Height:

1.5m – Ground Water Table or bedrock depth = (Minimum raised height of bed)

Water Supply:

- Drilled Well (with 6m casing depth min.)
- Dug Well
- Other:

Test Pit Inspection Report

Date of Inspection:	Inspector:
Weather:	Percolation Test Required:
Design T:	Grain Size Analysis Required:
Depth to bedrock:	<input type="text"/>
Depth to GWT:	<input type="text"/>

Step 2: Fill in Highlighted Areas

Fixture	Total Count	Units Per	Fixture Units	<input type="checkbox"/>
Bathtub		1.5	=	<input type="checkbox"/>
Shower (1 Head)		1.5	=	<input type="checkbox"/>
Shower (2-3 Heads)		3	=	<input type="checkbox"/>
Lavatory		1.5	=	<input type="checkbox"/>
Water Closet		4	=	<input type="checkbox"/>
Bathroom Group (see note)		6	=	<input type="checkbox"/>
Kitchen Sink		1.5	=	<input type="checkbox"/>
Garburator (see note)			=	<input type="checkbox"/>
Other Sinks		1.5	=	<input type="checkbox"/>
Dishwasher (see note)		1	=	<input type="checkbox"/>
Floor Drain (see note)		2	=	<input type="checkbox"/>
Clothes Washer		1.5	=	<input type="checkbox"/>
Other			=	<input type="checkbox"/>
		Total:		

Notes:

Bathroom Group: A group consisting of exactly one shower (1 head), one lavatory, and one flush tank water closet. This would usually add up to 7, but a reduction is provided.

Garburator: A domestic style garbage disposal is permitted with no additional fixture load. Commercial style is a fixture load of 3.

Dishwasher: Only include dishwashers that are not connected to the domestic sink.

Floor Drain: This only includes floor drains which connect to the sanitary sewage system.

Step 3: Fill in Highlighted Areas

Existing Bedrooms:	
New Bedrooms:	
Total Bedrooms:	

Note: Include Sleeping Cabins

Existing Area (m ²):	
Proposed Area (m ²):	
Total Area (m ²):	

Note: Exclude basement area

Step 4a: Calculate Total Daily Design Flow for Dwellings

Dwellings:	Volume
1 bedroom dwelling	750 L
2 bedroom dwelling	1100 L
3 bedroom dwelling	1600 L
4 bedroom dwelling	2000 L
5 bedroom dwelling	2500 L

Additional Flow for:	Volume
i) Each bedroom over 5	500 L
ii) a) each 10m ² (or part of it) over 200m ² up to 400m ²	100 L
b) each 10m ² (or part of it) over 400m ² up to 600m ²	75 L
c) each 10m ² (or part of it) over 600m ²	50 L
iii) each fixture unit over 20 fixture units	50 L

Base (# of Bedrooms):

Additional Flow: L

Total Daily Flow (Q): L

Step 4b: Calculate Total Daily Design Flow for Non-Dwellings

Occupancy Type:

Loading Criteria:

Total Daily Flow (Q): L

Step 5: Calculate Tank Size (Class 4 System)

Dwellings: Total Daily Flow (Q) x 2 = L

Non-Dwellings: Total Daily Flow (Q) x 3 = L

Note: Minimum tank size 3600L

Proposed Tank Size: L

Step 6: Calculate Filter Bed Size

If Q is 3000L or less:

$$Q / 75 = \text{_____} \text{m}^2$$

If Q is more than 3000 L:

$$Q / 50 = (\text{_____} \text{m}^2 / 2 \text{ beds}) = \text{_____} \text{m}^2 \text{ per bed}$$

If Treatment Unit is proposed:

$$Q / \text{___} = \text{_____} \text{m}^2$$

Extended Contact Area:

$$Q \times T / 850 = \text{_____} \text{m}^2$$

Step 7: Acknowledgement of Overhead Conductors

As per 3.1.19.1. of the Ontario Building Code,

3.1.19.1 Clearances to Buildings (A sewage system is defined as a building)

(1) A *building* shall not be located beneath existing above ground electrical conductors.

(2) The horizontal clearance measured from the maximum conductor swing to the *building*, including balconies, fire escapes, flat roofs or other accessible projections beyond the face of the *building*, shall,

- (a) be not less than 1 m, for electrical conductors carrying voltages 750 V or less, except where necessary to connect to the electrical wiring of the *building*,
- (b) be not less than 3 m, for electrical conductors carrying voltages greater than 750 V but not exceeding 46 kV,
- (c) be not less than 3.7 m, for electrical conductors carrying voltages greater than 46 kV but not exceeding 69 kV, or
- (d) conform to the requirements of CAN/CSA-C22.3 No.1, "Overhead Systems", for electrical conductors carrying voltages greater than 69 kV.

Signature of Applicant: _____ Date: _____

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:			
<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">DOURO-DUMMER</div> Application submitted to: _____ <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>				
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				
New construction	Addition to an existing building	Alteration/repair	Demolition	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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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 sewage system.				
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). 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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	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]			
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			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> 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. <p style="text-align: center;"> _____ Date Signature of Designer </p>			

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?			
Yes (Continue to Section C)	No (Continue to Section E)	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>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>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> <ol style="list-style-type: none"> 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. <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			