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:

I _____ 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;

OR

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

Schedule 3: Site and Design Information

A. Building Information:

No. Bedrooms	Daily Sewage Volume (Litres)	Total
1	750	
2	1100	
3	1600	
4	2000	
5	2500	

PLUMBING FIXTURES	TOTAL # EXISTING FIXTURE	TOTAL # PROPOSD FIXTURE	X FIXTURE UNITS =	TOTAL
Bathroom Grouping (toilet, sink, tub, shower)			X 6	
OR				
INDIVIDUAL UNITS				
Toilet (tank operated)			X 4	
Basin			X1.5	
Bathtub (with or without shower)			X 1.5	
Shower Stall			X 1.5	
Bidet			X 1	
Kitchen Sink			X 1.5	
Dishwasher			X 1	
Washing Machine			X 1.5	
Laundry Tub			X 1.5	
TOTAL FIXTURE UNITS				

Total Fixture Units (over 20 fixture units, add 50L/day per unit)	
Livable Floor area m^2) (over 200 m^2 add 100 L/day per 10 m^2)	
TOTAL DAILY SEWAGE FLOW	Litres/day

Note:

1. Sump pumps and floor drains are not to be connected to the sewage system as connection of such fixtures to a sewage system may lead to hydraulic failure of the 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 be discharged to a sewage system (Part 8, OBC, 8.1.3.1.(2)).

3. Other: Garbage Grinder ☐ Yes ☐ No Whirlpool/Hot Tub ☐ Yes ☐ No

4. Is there a Water Filter ☐ and/or Water Softener ☐ that backwashes into the sewage system?

B. Water Supply

☐ On municipal water service (Lake Huron pipeline)

Well Information (if applicable all wells within 30 metres, whether or not in use, must be plotted on site plan and listed below):

☐ Existing ☐ Proposed

☐ Municipal ☐ Communal ☐ Private

☐ Dug or Bored Well ☐ Drilled Well ☐ Sandpoint Well ☐ Lake, River or Stream

C. Percolation Rate

(Refer to Schedule 4: Soil Design Criteria and Site Evaluation)

1. Unified soil classification in sewage system area: _____
2. Percolation rate of native soil: T = ____ min/cm.

   Check applicable: ☐ Estimated (Unified System) ☐ Tested On-site (Test Pit) ☐ Lab Analysis (Attach Report)
3. Describe soil mantle (down gradient from sewage system): _____
4. Depth to bedrock: _____
5. Depth to high water groundwater table: _____

D. Type of Sewage System Proposed:

1. Engineered: ☐ Yes ☐ No
2. ☐ New Development ☐ Replacement of Existing System ☐ Repair of Existing System ☐ Addition to Existing System
3. ☐ Residential ☐ Commercial
4. System Class:

   ☐ Class 2 (Leaching Pit)

   ☐ Class 3 (Cesspool)

   ☐ Class 4 (Area Bed) ☐ In-Ground ☐ Fully Raised ☐ Partially Raised

   ☐ Class 4 (Aerobic with Trench)) ☐ In-Ground ☐ Fully Raised ☐ Partially Raised

   ☐ Class 4 (Aerobic with Filter Media) ☐ In-Ground ☐ Fully Raised ☐ Partially Raised

   ☐ Class 4 (Filter Media) ☐ In-Ground ☐ Fully Raised ☐ Partially Raised

   ☐ Class 4 (Shallow Buried Trench) ☐ In-Ground ☐ Fully Raised ☐ Partially Raised

   ☐ Class 5 (Holding Tank)

   ☐ Other _____

   (add separate approved design specifications)
5. Alternate Treatment System:

   Number of Units _____ Make _____ Model _____

   Annual Maintenance Agreement: ☐ Yes ☐ No
6. Septic Tank :

   ☐ Concrete ☐ Plastic

   Tank Size: _____ Litres
7. Pump Required: ☐ Yes ☐ No

   Note: alarm required for all pumping systems

E. Leaching Bed:

Site to be Scarified (if in clay) ☐ Yes ☐ No

Clay Seal required (if in bedrock) ☐ Yes ☐ No

Length of distribution pipe _____ m Depth of Imported Fill _____m T = _____min/cm

Leaching Bed Fill Area _____ m^2 Filter Medium Surface _____ m^2 Filter Medium Base _____ m^2

Imported Mantle: ☐ Yes ☐ No

F. Site Plan:

An aerial and cross sectional site plan is required and must contain the following information: (Please provide checkmarks below to verify the information is accurately plotted on the site plan).

- ☐ Location and dimensions of all buildings
- ☐ All wells in use or otherwise within a 30 metre (100 ft) radius of the proposed sewage system
- ☐ All existing and proposed structures and swimming pools
- ☐ All driveways and proposed access routes for septic system maintenance
- ☐ The location of any unsuitable, disturbed or compacted areas
- ☐ All water bodies and ditches, drain tiles, swamps, flood plain or areas prone to flooding
- ☐ Any slopes (include slope degree and direction)
- ☐ All field drains, underground hydro, water services and basement drains
- ☐ Proposed system layout including all system components including mantles and their setbacks from structure, lot lines and wells
- ☐ The cross-sectional view of the proposed sewage system which includes house, tank and tile bed elevations as well as existing and finished ground levels or grades (recommend bench mark for tiles)

G. Travel Directions:

Schedule 4: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil	Percolation Rate of Mantle Sand	
T = min/cm	T = min/cm	☐ Laboratory Analysis
☐ Native ☐ Imported	☐ Native ☐ Imported	☐ Lab Report Attached

Note: The Township of Huron-Kinloss requires documentation on the soils proposed to be used to determine the percolation rate ("T"-time) for conventional type fields or its suitability for filter bed sand in filter bed systems.

All reports must be dated within 12 months of construction.

B. Percolation Rate and Classification of Native Soil

☐ Laboratory Analysis (Attached Report) ☐ Test on Site (Test Pit) ☐ Estimated (Unified System)

TEST PIT SOIL DATA

TEST PIT #1			TEST PIT #2		
Rock or Ground Water Table	**Depth (metres)**	**Description of Soil**	**Rock or Ground Water Table**	**Depth (metres)**	**Description of Soil**
	- 0 -			- 0 -	
	- 0.25 -			- 0.25 -	
	- 0.50 -			- 0.50 -	
	- 0.75 -			- 0.75 -	
	- 1.00 -			- 1.00 -	
	- 1.25 -			- 1.25 -	
	- 1.50 -			- 1.50 -	
	- 1.80 -			- 1.80 -	
Depth to Groundwater		_____ m	Depth to Groundwater		_____ m
Seasonal High Groundwater		_____ m	Seasonal High Groundwater		_____ m
Depth to Bedrock		_____ m	Depth to Bedrock		_____ m

ESTIMATED PERCOLATION RATE OF NATIVE SOIL

	T-time (min/cm)	Soil Type (Unified Soil Classification System)	
☐	4 – 12	Gravel, Sand Mix, some fines	GM – Permeable to medium permeable, depending on amount of silt.
☐	12 – 50	Clayey Gravel, gravel-sand-clay mixtures	GC – Important to estimate amount of silt and clay.
☐	2 – 12	Gravel, Sand Mix, some fines	SW – Medium permeability
☐	2 – 8	Gravelly Sand, uniform, some fines	SP – Medium permeability
☐	8 – 20	Silty Sand / Loam Mix	SM – Medium to low permeability
☐	12 – 50	Clayey Sand/Silty Loam Mix	SC - Medium to low permeability depending on amount of clay
☐	20 – 50	Inorganic silts/Clayey Silts	ML – Medium to low permeability

T = _____ min/cm

.

Schedule 5: Sewage System Site Plan

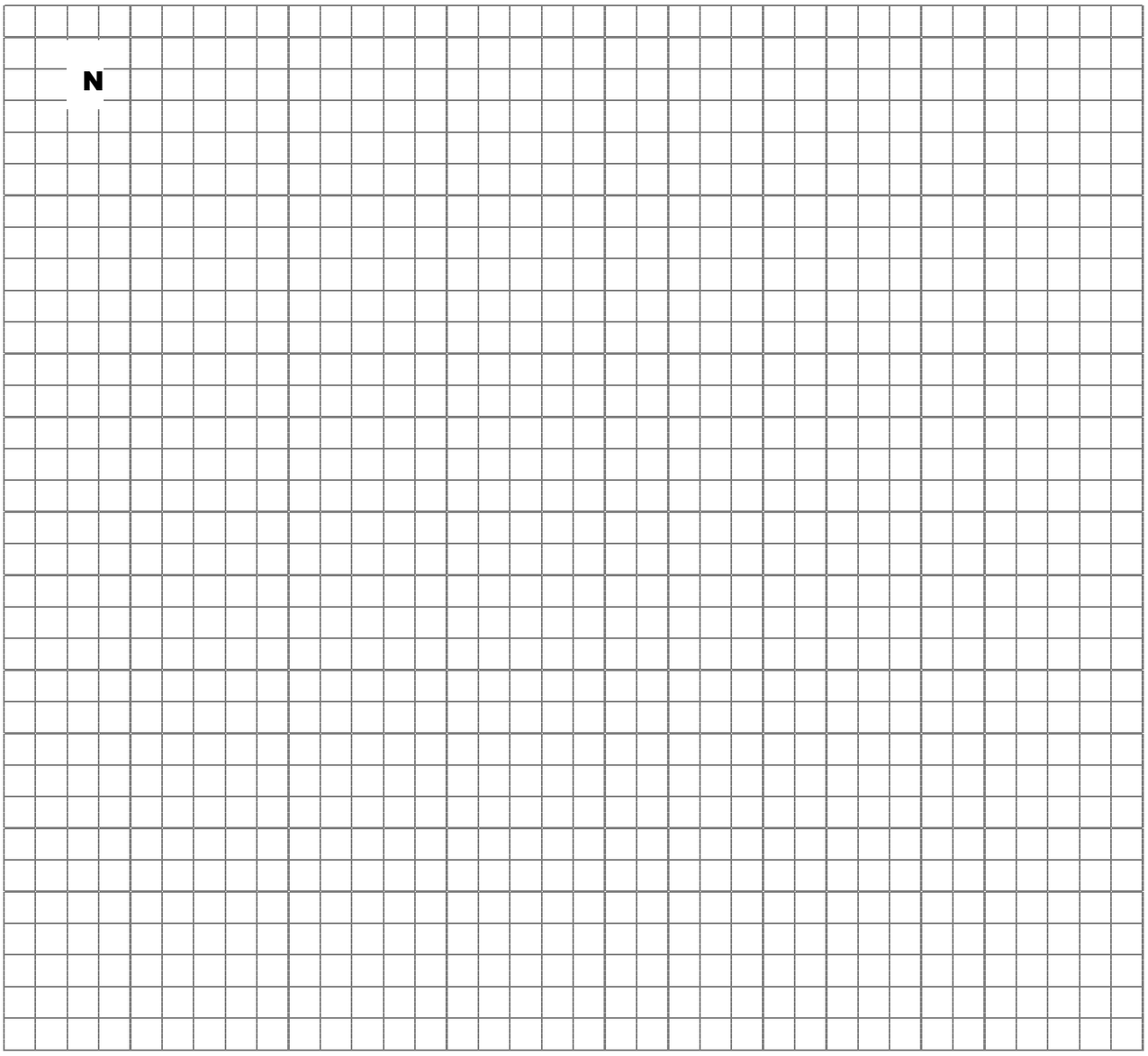
PRINCIPAL AUTHORITY ONLY

Permit No. _____

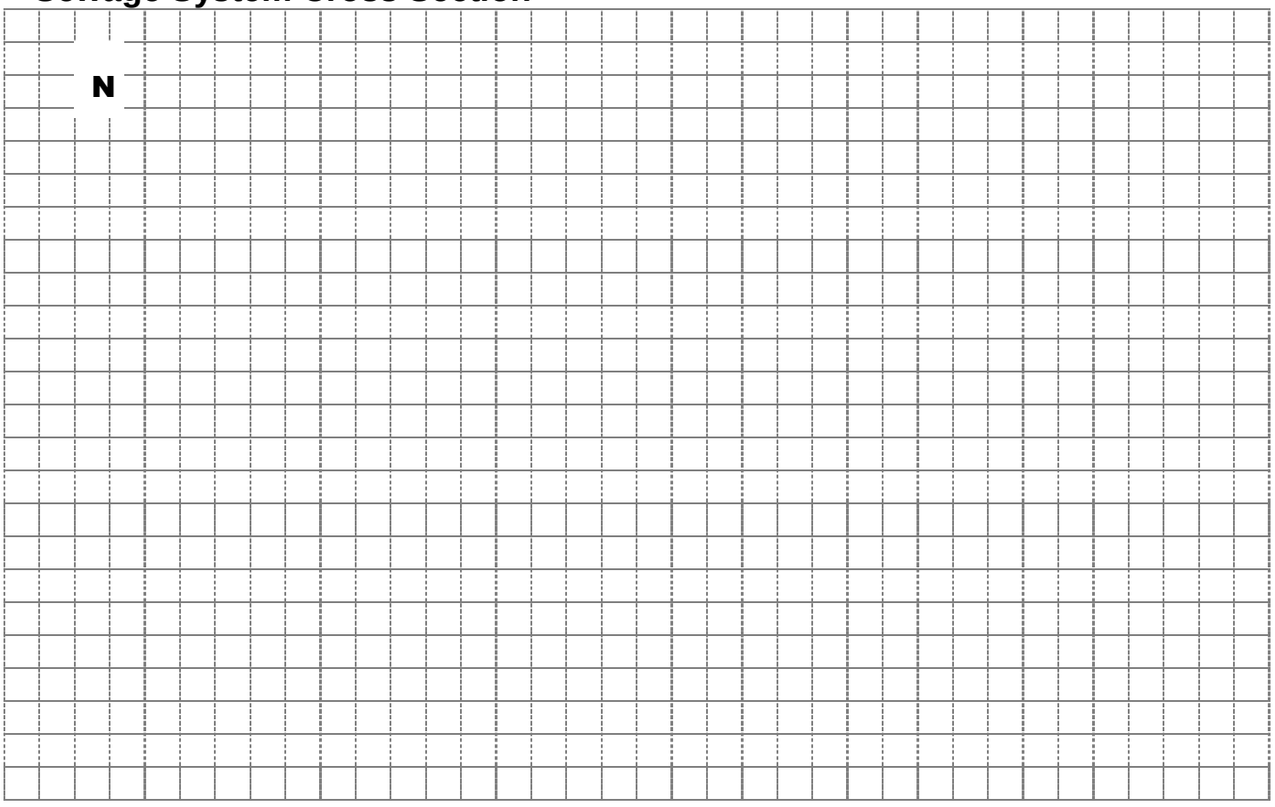
Revision No. _____

Date _____

ODug Well ●Drilled Well ♦Neighbouring Homes ◊Benchmark **---**Tile Drainage **—**Property Line
Include house, tank and tile bed elevations with existing and proposed grades



Sewage System Cross Section



Scale: 1 block = _____

➔ **Inspector Comments:**