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**SEWAGE SYSTEM APPLICATION CHECKLIST - Class 4 or 5**

Fee payment of **\$978.00** required upfront (payable by cash, debit, cheque, or credit card)

**Applications may be refused if the below bolded documents are not submitted.**

- Sewage System application**
- Designer information (Schedule 1)**
- Sewage System installer information (Schedule 2)**
- Site evaluation form (Schedule 3)**
- Proposed Sewage System design (Schedule 4)**
- Proposal to construct (Schedule 5)**
- Plot plan showing distances of the tile bed/septic tank from all lot lines, high water mark/all waterbodies, overhead power lines and all buildings (Schedule 6)**
- Cross-section drawing of sewage system**
- Setback Waiver/Inspection form**
- Agent Authorization letter (if applicant not owner)**
- Floor plan layout of all floors of the dwelling labeled with use (ex: bedroom, kitchen) and list plumbing fixture type per room (ex: sinks, toilets, tubs/showers) - Provide a PDF**
- Provide actual email from Conservation Authority as to whether an approval is required or not (All projects located near any water body)**
- If this application is for a sewage system for a vacant lot/new dwelling, a separate dwelling application is required to be submitted at the same time**
- Non-residential project: A separate calculation page will be required**
- Copy of tax bill or deed (proof of land ownership – if required)**
- Survey of property (upon request by inspector)**
- Site Plan or Development Agreement (provide a copy if required)**

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: <b>Township of South Frontenac</b>			
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 <sup>2</sup> )	
B. Purpose of application			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> 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 (    )	

<b>E. Builder (optional)</b>				
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 ( )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I. Declaration of applicant</b>				
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.

<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) d) 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 style="text-align: center;"><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> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date <span style="margin-left: 150px;">Signature of applicant</span></p>			

## Schedule 3: Site Evaluation Form

### APPROXIMATE SOIL PERCOLATION RATES (T-time)

The following are **estimated** ranges of soil percolation rates (T-times) measured in a rate of min/cm. Actual on-site soil conditions may vary significantly from estimates; it can be difficult to tell a 30 from a 50 just by looking at it.

Estimated T-times shall be determined by samples analyzed by the Unified Soil Classification System, the Soil Texture Classification from the USDA Soil Survey Manual, or percolation tests being conducted on in-situ soils.

Disputes about estimated T-times shall be resolved by sending in-situ soil samples to a Canadian Council of Independent Laboratories testing firm at the applicant's cost. The T-time will be determined by the falling head test and grain size analysis; the percent passing the 75 µm #200 sieve is to be included for silt content.

Soil Type	Sand	Sandy Loam	Loam	Silty Loam	Clay Loam	Silt - Clay	Clay
T-time (min/cm)	10	12 - 20	17 - 25	20 - 30	30 - 40	40 - 50	50+

Sub-surface conditions encountered:	Applicant's Use		Approved by Inspector
Indicate <u>depth</u> to bedrock, T>50, &/or high ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<u>T-time</u>	

### IMPORTED SEPTIC STONE AND LEACHING BED FILL CERTIFICATION

I, \_\_\_\_\_, certify that the materials used to construct the sewage system, under the application herein, meet Ontario Building Code requirements, and correspond to the percolation rate on the application and the soils analysis provided to the Township of South Frontenac:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	TESTING DATE (mm/dd/yyyy)
		/	
		/	
		/	

**Note:** *Leaching bed fill* means soil used to construct of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of *leaching bed fill* must be included in the analysis.

The Township of South Frontenac may require you to submit soil samples for analysis.

\_\_\_\_\_  
Signature of Authorized Agent or Owner

\_\_\_\_\_  
Date

## Schedule 4: Design Criteria

DESCRIPTION	DWELLING				OTHER: _____			
	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS
Bathroom group – 3 piece (toilet, sink, tub/shower)			x 6.0 =				x 6.0 =	
Additional toilet			x 4.0 =				x 4.0 =	
Bathtub or shower			x 1.5 =				x 1.5 =	
Additional sinks			x 1.5 =				x 1.5 =	
Kitchen sink			x 1.5 =				x 1.5 =	
Dishwasher			x 1.0 =				x 1.0 =	
Clothes Washer			x 1.5 =				x 1.5 =	
Laundry tub			x 1.5 =				x 1.5 =	
Other: _____			x =				x =	
<b>FIXTURE UNITS</b>	Total:				Total:			
<b>FINISHED FLOOR AREA m<sup>2</sup></b>	Existing	Proposed	Total		Existing	Proposed	Total	
<b># OF BEDROOMS</b>			Total:				Total:	

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
<b>(A)</b> Bedroom flow	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
<b>(B)</b> Extra bedroom flow	Each bedroom over 5,		500	
<b>(C)</b> Living area flow	Each 10 m <sup>2</sup> (or part thereof) over 200 m <sup>2</sup> up to 400 m <sup>2</sup> ,		100	
	Each 10 m <sup>2</sup> (or part thereof) over 400 m <sup>2</sup> up to 600 m <sup>2</sup> , and		75	
	Each 10 m <sup>2</sup> (or part thereof) over 600 m <sup>2</sup> , or		50	
<b>(D)</b> Fixture count flow	Each fixture unit over 20 fixture units		50	

<b>Daily Design Sewage Flow, Q = _____ liters/day A + (B or C or D)</b>
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## Schedule 5: Proposal to Construct

<b>Water Supply:</b> <input type="checkbox"/> Proposed <input type="checkbox"/> Existing			
<input type="checkbox"/> Lake	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Dug well	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Shore well	Casing depth: _____ m	<input type="checkbox"/> Sandpoint	

**Provide proposed information instead of minimum requirements:**

<input type="checkbox"/> <b>Septic Tank</b>	<input type="checkbox"/> <b>Class 5 Holding Tank</b>	<input type="checkbox"/> <b>Treatment Unit</b>	<input type="checkbox"/> <b>Digester Tank</b>
<input type="checkbox"/> New – proposed working capacity: _____ litres		<input type="checkbox"/> Level II	<input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<input type="checkbox"/> Use existing – size: _____ Permit _____		Make / model of treatment unit: _____	

T-time (min/cm) of existing soil: _____	Subsurface detection method: _____	Pump required? <input type="checkbox"/> No <input type="checkbox"/> Macerating <input type="checkbox"/> TBD <input type="checkbox"/> Effluent
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<b>Mantle Loading Area</b> Trench Bed, Leaching Chambers, Filter Bed only	Percolation Time (T) of Existing Soil, min/cm	1 < T ≤ 20	20 < T ≤ 35	35 < T ≤ 50	T > 50
	<b>Loading Rates, (L/m<sup>2</sup>)/day</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>4</b>
<input type="checkbox"/> Existing Soil (T ≤ 15) <input type="checkbox"/> Imported Leaching Bed Fill	Q ÷ Loading Rate = _____ m <sup>2</sup> Length _____ m x Width _____ m				

<b>Class 4 Trench Bed</b> <b>Class 4 Leaching Chambers</b> Typical Drawing A	Total pipe length: $\frac{Q \times T}{200} =$ _____ m    Raised height (above grade): _____ m Conventional & Type I Leaching Chambers $\frac{Q \times T}{200}$ Type II Leaching Chambers $\frac{Q \times T}{300}$
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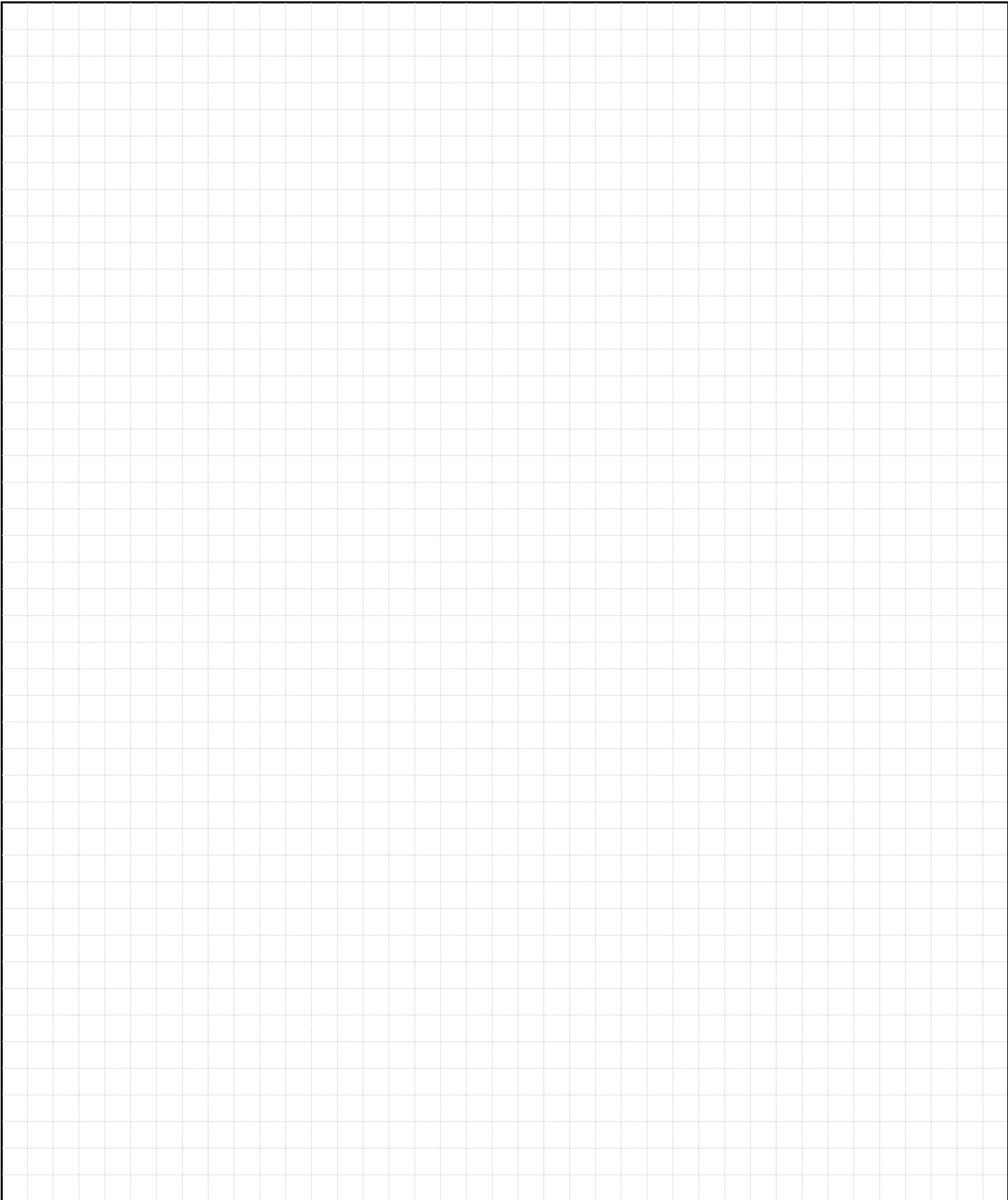
<b>Class 4 Filter Bed</b> Typical Drawing B	Loading area: $Q \div 75 / 50 =$ _____ m <sup>2</sup> If over 50 m <sup>2</sup> , # of filter beds: _____ If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50 Contact area: $\frac{Q \times T}{850} =$ _____ m <sup>2</sup> Raised height (above grade): _____ m
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<b>Class 4 BMEC Bed</b> Typical Drawing C, D or E	Specified sand area: $\frac{Q \times T}{400} =$ _____ m <sup>2</sup> Length _____ m x Width _____ m Number of modules: Q ÷ _____ = _____    Raised height (above grade): _____ m
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<b>Type A Dispersal Bed</b> Typical Drawing F, G, H or I	Stone area: $Q \div 75 / 50 =$ _____ m <sup>2</sup> Raised height (above grade): _____ m If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50 1<T≤15 sand area: $\frac{Q \times T}{850} =$ _____ m <sup>2</sup> T > 15 sand area: $\frac{Q \times T}{400} =$ _____ m <sup>2</sup>
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**Schedule 6: Site Plan Diagram**

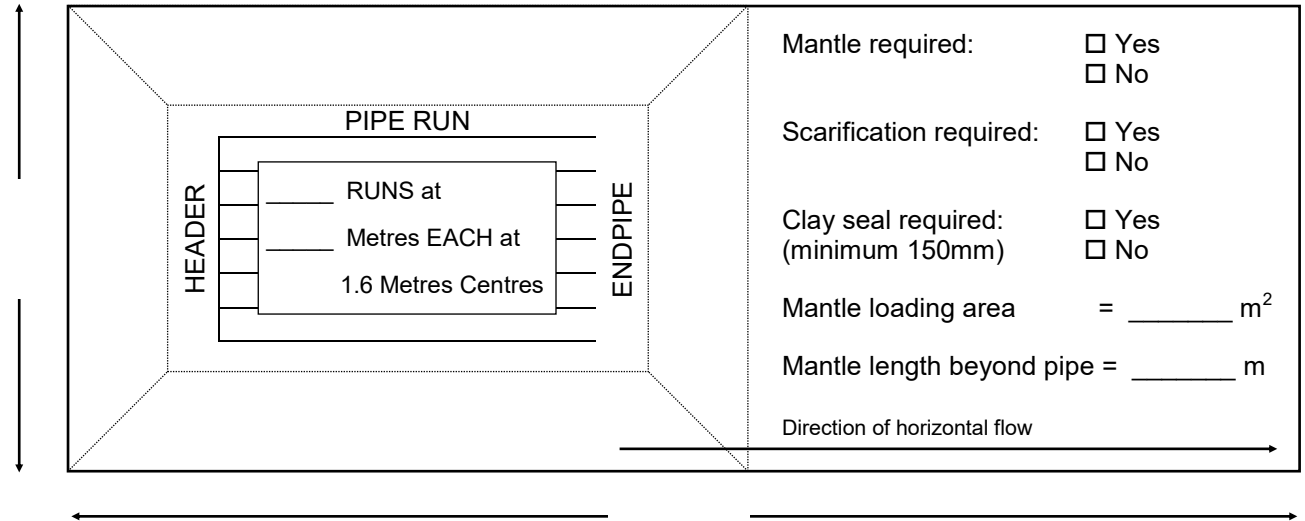




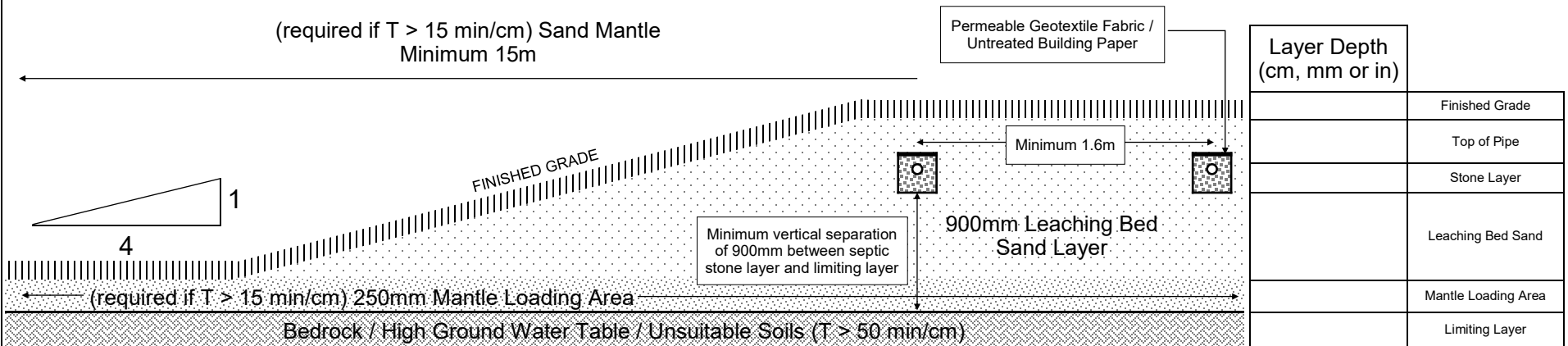
**SOUTH  
FRONTENAC**

**TYPICAL DRAWING A  
BURIED OR RAISED LEACHING BED  
ABSORPTION TRENCH**

**Plan View (not to scale)**



**Cross-Section Profile (not to scale)**

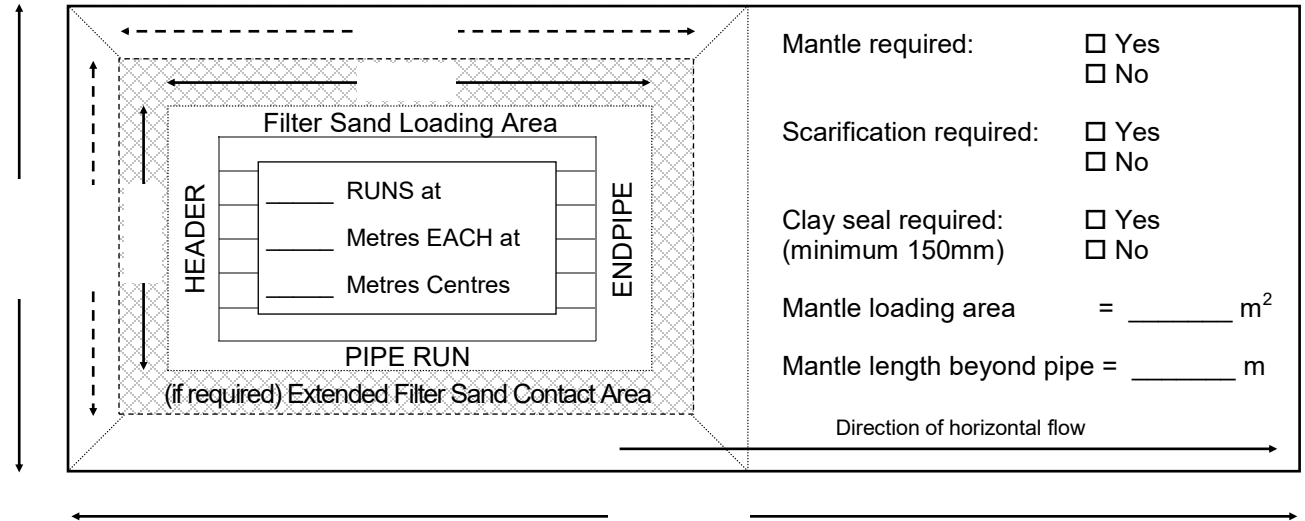




**SOUTH  
FRONTENAC**

**TYPICAL DRAWING B  
BURIED OR RAISED FILTER BED**

**Plan View (not to scale)**



Mantle required:  Yes  
 No

Scarification required:  Yes  
 No

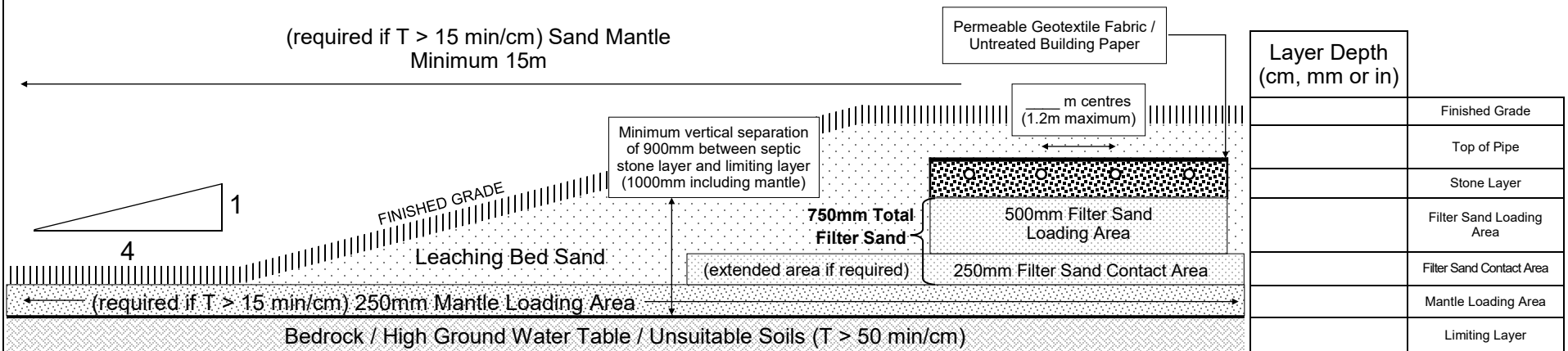
Clay seal required:  
(minimum 150mm)  Yes  
 No

Mantle loading area = \_\_\_\_\_ m<sup>2</sup>

Mantle length beyond pipe = \_\_\_\_\_ m

Direction of horizontal flow

**Cross-Section Profile (not to scale)**





**SETBACK WAIVER and INSPECTION and OCCUPANCY NOTICE REQUIREMENTS**

Project location information: \_\_\_\_\_ Permit #: \_\_\_\_\_

Property owner(s): \_\_\_\_\_

Municipal address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Roll #: \_\_\_\_\_

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Part: \_\_\_\_\_ R Plan #: \_\_\_\_\_

To the Township of South Frontenac,

I declare that; I am owner listed above , or;

I am the authorized agent of the property owner listed above

As the owner/agent I hereby acknowledge;

- That the issuance of a Building Permit and/or a general site review by the Building Department Staff is not confirmation that all zoning setbacks have been adhered to. This includes but is not limited to separation of structures to the high water mark, lot lines, septic systems and other structures. It is understood that it is the sole responsibility of the owner/agent to meet the setback requirements as set out in the Township Zoning By-law, and;
- The owner(s) are obligated to arrange for the inspections indicated on the permit card issued for the project, and that no work will proceed until the Building Inspector has inspected the various stages of construction indicated on the permit card, and;
- Permit Drawings and documents submitted with errors or omissions contained therein do not relieve the owner and/or authorized agent from the responsibility of completing all work to meet or exceed the requirements of the Ontario Building Code.
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** The Ontario Building Code Act requires that request for inspections are made a minimum 2 regular business days in advance of the regular business day upon which the inspection is needed.



**SOUTH  
FRONTENAC**

**Building Services**  
4432 George St, Box 100  
Sydenham ON, K0H 2T0  
613-376-3027 Ext 2226  
[building@southfrontenac.net](mailto:building@southfrontenac.net)

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**Agent/Owner Authorization Form**

**A. Project Information**

Street Address: \_\_\_\_\_

Proposed project:

\_\_\_\_\_  
\_\_\_\_\_

**B. Party to be authorized**

Name: \_\_\_\_\_

Corporation or Partnership: \_\_\_\_\_

Address: \_\_\_\_\_ Lot/Con: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**C. Declaration of Owner**

I, \_\_\_\_\_, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Services of the Township of South Frontenac in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

**Note:** This form is valid only for one access to Building Permit record application. Subsequent applications by an authorized agent will require a new agent authorization form completed by the current property owner.