

APPLICATION FOR REVIEW OF PERFORMANCE LEVEL OF AN EXISTING ON-SITE SEWAGE SYSTEM



NOTE: The property owner, applicant, designer and installer of the sewage system retain full responsibility to ensure that the sewage system is designed and installed in accordance with the approved plans, the *Building Code Act*, and the Ontario Building Code.

If the listed applicant is not the property owner, please provide a **Letter of Authorization** from the registered property owner.

Application forms should be submitted electronically as a PDF to building@southfrontenac.net; pictures not accepted.

Alternatively, you can mail / drop off your application form to: Township of South Frontenac
ATTN: Building Department
4432 George Street
PO Box 100
Sydenham, ON K0H 2T0

Directions to lot:

Owner communication method: E-mail Mail Pick Up

Installer communication method: E-mail Mail Pick Up

The reason for the review of performance level of the existing on-site sewage system is (check appropriate box):

BUILDING ADDITION: Bedrooms Plumbing fixtures Living space

CHANGE OF USE or OCCUPANCY: Residential to Non-Residential Non-Residential to Other Non-Residential

MINOR VARIANCE APPLICATION

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

Items Included in Submitted Application (if necessary):

Floor Plans:

- One (1) copy of floor plans including all levels of the structure, no larger than 11" x 17"

Letter of Authorization:

- Included with this application

Copy of Original Sewage System Approval:

- Attached
- Not attached, permit #: _____
- I do not have any paperwork for the sewage system

Application for Review of Performance Level of an Existing On-Site Sewage System

For Office Use Only	
Application number:	Permit number:
Date received:	Roll number:

Application submitted to: **Township of South Frontenac**

A. Address of existing on-site sewage system:			
Civic #, Street name, Town:			
Municipality:		Province: ON Postal Code:	
B. Applicant information:			
Last name:	First name:	Corporation or partnership:	
Civic #, Street name, Town:			Unit #:
Municipality:	Postal code:	Province:	E-mail:
Phone #:		Cell #:	
C. Owner (if different from applicant):			
Last name:	First name:	Corporation or partnership:	
Civic #, Street name, Town:			Unit #:
Municipality:	Postal code:	Province:	E-mail:
Phone #:		Cell #:	
D. 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. I have the authority to bind the corporation or partnership (if applicable).			
3. Permission is hereby granted to the relevant staff to enter the premises subject to this application for the purposes of making inspections associated with this application, during normal and reasonable working hours.			
_____		_____	
Date		Signature of applicant	

Schedule 1: 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 . =	
FIXTURE UNITS	Total:				Total:			
FINISHED FLOOR AREA m²	Existing	Proposed	Total		Existing	Proposed	Total	
# OF BEDROOMS			Total:				Total:	

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

Daily Design Sewage Flow, Q = _____ litres/day A + (B or C or D)

Schedule 2: Existing On-Site Sewage System

Additions/renovations proposed? YES NO

Is the existing system failing? YES NO Explain: _____

Is there more than one system on the property? YES NO Permit # _____

Will the existing system service more than one building? YES NO List: _____

Provide information on the existing sewage system in the appropriate box below:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Class 5 Holding Tank	<input type="checkbox"/> Treatment Unit	<input type="checkbox"/> Digester Tank
<input type="checkbox"/> Existing working capacity: _____ litres Make / Model of septic / holding tank: _____		<input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV Make / Model of treatment unit: _____	

T-time (min/cm) of existing soil: _____	T-time (min/cm) of imported fill: _____	Pump? <input type="checkbox"/> No <input type="checkbox"/> Effluent <input type="checkbox"/> Macerating
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<input type="checkbox"/> Class 4 Trench Bed	Total pipe length: $\frac{Q \times T}{200} =$ _____ m	Raised height (above grade): _____ m
Mantle loading area: _____ m ²	<input type="checkbox"/> Native <input type="checkbox"/> Imported	Length _____ m x Width _____ m

<input type="checkbox"/> Class 4 Type II Leaching Chambers	Total pipe length: $\frac{Q \times T}{300} =$ _____ m	Raised height (above grade): _____ m
Mantle loading area: _____ m ²	<input type="checkbox"/> Native <input type="checkbox"/> Imported	Length _____ m x Width _____ m

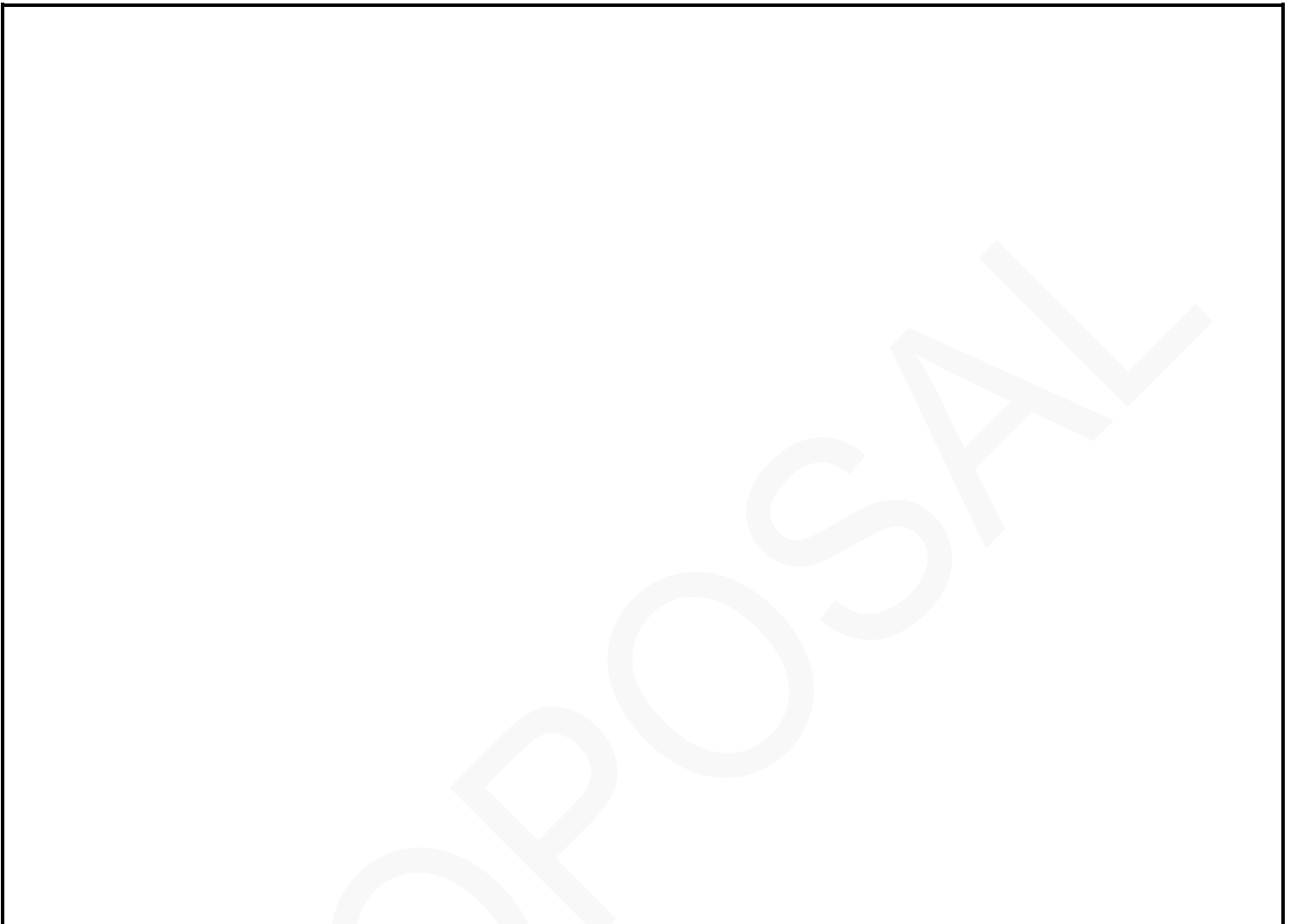
<input type="checkbox"/> Class 4 Filter Bed If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Loading area: $Q \div 75 / 50 =$ _____ m ² # of filter beds = _____	Contact area: $\frac{Q \times T}{850} =$ _____ m ² Raised height (above grade): _____ m
Mantle loading area: _____ m ²	<input type="checkbox"/> Native <input type="checkbox"/> Imported	Length _____ m x Width _____ m

<input type="checkbox"/> Class 4 BMEC Bed	Number of modules: $Q \div$ _____ = _____ Specified sand area: $\frac{Q \times T}{400} =$ _____ m ²	Raised height (above grade): _____ m Length _____ m x Width _____ m
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<input type="checkbox"/> Type A Dispersal Bed If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Stone area: $Q \div 75 / 50 =$ _____ m ² Raised height: (above grade): _____ m	Sand area: $\frac{Q \times T}{400} =$ _____ m ² <input type="checkbox"/> Native <input type="checkbox"/> Imported
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<input type="checkbox"/> SBT / Type B / BNQ / Other (Fill accordingly)	
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Schedule 3: Site Plan Diagram



DRAWING REQUIREMENTS: PLEASE CHECK (IF ATTACHING A SEPARATE DIAGRAM, ENSURE THESE ARE INDICATED)

<p><input type="checkbox"/> 1 Copy of site plan submitted</p> <ul style="list-style-type: none"> <input type="checkbox"/> Property owners name and property (civic) address; <input type="checkbox"/> Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors; <input type="checkbox"/> Indicate distances to all utilities (i.e. telephone, Hydro lines above and below ground); <input type="checkbox"/> Show and identify neighbouring properties, including wells (indicate if none); <input type="checkbox"/> Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits; <input type="checkbox"/> Show the direction of surface water flow, as well as any surface water (i.e. creek, pond, lake) on or adjacent to the property and provide the common name; <input type="checkbox"/> Indicate directions of North on the site plan; and <input type="checkbox"/> Show the distances from pipes in bed and tank to ALL buildings, structures, property lines, surface water, easements, rights-of-way, driveways and wells (including neighbouring wells) 	<p>PROPOSED DISTANCES (Actual, not minimum)</p> <p>Distribution pipe (or stone area) distances:</p> <p>to closest structure: _____m</p> <p>to closest lot line: _____m</p> <p>to well on lot: _____m</p> <p>to neighbouring wells: _____m / _____m</p> <p>to surface water: _____m</p> <p>Septic tank/Treatment unit distances:</p> <p>to closest structure: _____m</p> <p>to closest lot line: _____m</p> <p>to well on lot: _____m</p> <p>to neighbouring wells: _____m / _____m</p> <p>to surface water: _____m</p>
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Agent Authorization Letter

Property Owners Name

Corporation or Partnership

Mailing Address

Phone & E-mail

Date: _____

To: The Chief Building Official
Township of South Frontenac
Building Department
PO Box 100
4432 George Street
Sydenham, ON K0H 2T0

RE: **Proposed Project:** _____
(A brief description of the work to be performed)

Project Location: _____

(Property Address, Legal Description etc...)

The undersigned, being the current owner of the above referenced property, authorizes;

Agents Name / **Company Name**

to apply for a building permit for the above referenced project on my behalf. This will allow my agent to answer any and all questions on my behalf and to sign any and all documents for me; however, I understand that I shall be responsible to ensure that my project complies with the Ontario Building Code.

Print Name
Of Individual Owner **OR**
Authorizing Officer

Signature
of Individual Owner **OR**
of Authorizing Officer
(I have authority to bind the Corporation)

Date

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.