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.

Complete applications 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
Building Services
4432 George St, 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

❑ **Existing** ❑ **Proposed**

- ❑ Drilled well Casing depth: _____ m
- ❑ Dug well
- ❑ Sandpoint
- ❑ Lake
- ❑ Shore well
- ❑ 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 m^2	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:

❑ **Septic Tank** ❑ **Class 5 Holding Tank**	❑ **Treatment Unit** ❑ **Digester Tank**
☐ Existing working capacity: _____ litres Make / Model of septic / holding tank: _____	❑ Level II ❑ Level III ❑ Level IV Make / Model of treatment unit: _____

T-time (min/cm) of existing soil: _____	T-time (min/cm) of imported fill: _____	Pump? ❑ No ❑ Effluent ❑ Macerating

❑ Class 4 Trench Bed

Total pipe length: $\frac{Q \times T}{200}$ = _____ m

Raised height (above grade): _____ m

Mantle loading area: _____ m^2 ❑ Native ❑ Imported

Length _____ m x Width _____ m

❑ 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 ❑ Native ❑ Imported

Length _____ m x Width _____ m

❑ 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

Contact area: $\frac{Q \times T}{850}$ = _____ m^2

# of filter beds = _____

Raised height (above grade): _____ m

Mantle loading area: _____ m^2 ❑ Native ❑ Imported

Length _____ m x Width _____ m

❑ Class 4 BMEC Bed

Number of modules: $Q \div$ _____ = _____

Raised height (above grade): _____ m

Specified sand area: $\frac{Q \times T}{400}$ = _____ m^2

Length _____ m x Width _____ m

❑ 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

Sand area: $\frac{Q \times T}{400}$ = _____ m^2

Raised height: (above grade): _____ m ❑ Native ❑ Imported

❑ SBT / Type B / BNQ / Other (Fill accordingly)

PROPOSAL

Schedule 3: Site Plan Diagram

PROPOSAL

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

- ❑ **1 Copy of site plan submitted**
  - ❑ Property owners name and property (civic) address;
  - ❑ Lot size, property dimensions, roads, existing rights-of-way, easements, or municipal/utility corridors;
  - ❑ Indicate distances to all utilities (i.e. telephone, Hydro lines above and below ground);
  - ❑ Show and identify neighbouring properties, including wells (indicate if none);
  - ❑ Show location and size of all proposed and existing sewage system components (tanks, pump chambers, alarms, distribution bed) and the test pits;
  - ❑ 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;
  - ❑ Indicate directions of North on the site plan; and
  - ❑ **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)**

PROPOSED DISTANCES (Actual, not minimum)

Distribution pipe (or stone area) distances:

to closest structure: _____ m

to closest lot line: _____ m

to well on lot: _____ m

to neighbouring wells: _____ m / _____ m

to surface water: _____ m

Septic tank/Treatment unit distances:

to closest structure: _____ m

to closest lot line: _____ m

to well on lot: _____ m

to neighbouring wells: _____ m / _____ m

to surface water: _____ m

Building Services
4432 George St, Box 100
Sydenham ON, K0H 2T0
613-376-3027 Ext 2226
building@southfrontenac.net

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.