PROCEDURES FOR AN APPLICATION FOR A CLASS 2, 3, 4, 5 SEWAGE SYSTEM PERMIT

THIS PACKAGE CONTAINS:

1. Health Unit Application for a Sewage System Permit
2. Ontario Building Code Application for a Permit to Construct or Demolish
3. Proposed Sewage System Site Plan
4. Calculation Sheet
5. Sewage System Schedule of Fees
6. Daily Design Sanitary Sewage Flow Rates
7. Percolation Test Procedure
8. Clearances for Treatment Tanks, Distribution Piping, Holding Tanks and for Class 1, 2 and 3 systems

****It is the property owner's responsibility to contact their municipality regarding any building restrictions prior to applying for a septic permit**.**

The THU requires a copy of the property survey, or property pins to be exposed, for property which size is 2 lots or less, or 2 acres or less; and for any property that borders water.

The following forms must be completed and returned to the Health Unit with the appropriate fee and a copy of a current tax bill:

1. Health Unit Application for a Sewage Permit;
   Note: Owners signature must be provided or a letter from owner appointing an authorized agent.
2. Ontario Building Code Application for a Permit to Construct or Demolish;
3. For Class 4 in ground bed you must provide soil sample results as per the Ontario Building Code 8.2.1.2. site Evaluation at time of Application. See percolation test procedure/Soil Sample lab procedure included in this application.
4. Proposed Sewage Disposal System Design Form for sewage systems described in the Ontario Building Code. Other approved sewage systems (B.M.E.C. approved) will require the design. B.M.E.C. approval, and once completed, a copy of the Maintenance Agreement. An Engineering design and as built drawings may also be required.

The Building Code Act does not allow the issuance of permits based on incomplete applications.

A Sewage System Inspector can only provide comments based on complete applications and plans. Therefore, incomplete applications may be returned to the owner, or their Authorized Agent.

Once the completed application has been reviewed, an inspector will visit the property to inspect the test hole and site. The applicant will be either issued a permit to install the system or the reasons provided as to why a permit cannot be issued.

Information provided in this package is limited, and it is the responsibility of the applicant to ensure compliance with all applicable section of the Ontario Building Code. The applicant should also keep a copy of all documents submitted.

If you are having difficulty completing your application, you can call to speak with the Land Control Inspector for assistance or you can consult an authorized Septic Installer.

Timiskaming Health Unit Offices:

PO Box 1090, 247 Whitewood Avenue, Unit 43 New Liskeard, ON P0J 1P0	☎ 705-647-4305	705-647-5779
31 Station Road North, Kirkland Lake, ON P2N 3M6	☎ 705-567-9355	705-567-5476
63 Fifth Street, Englehart, ON P0J 1H0	☎ 705-544-2221	705-544-8698

BLANK PAGE

Services de santé du TIMISKAMING Health Unit

Mailing address:
PO Box 1090, 247 Whitewood Avenue, Unit 43
New Liskeard, ON P0J 1P0 ☎ 705-647-4305 705-647-5779

Branch offices:
31 Station Road North, Kirkland Lake, ON P2N 3M6 ☎ 705-567-9355 705-567-5476
63 Fifth Street, Englehart, ON P0J 1H0 ☎ 705-544-2221 705-544-8698

APPLICATION FOR A CLASS 2, 3, 4, 5 SEWAGE SYSTEM PERMIT

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) Timiskaming Health Unit's Privacy Officer, or, b) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 416-585-6666.

For office use only

File No.....

Date Application Rec: .....

Fee Paid: .....

Cash ❑ Cheque ❑ M.O. ❑

OWNER/AGENT/LESSEE (Please print.)

Registered Owner(s):		Agent/Installer:	
Mailing Address:		Address:	
Town:	Postal Code:	Town:	Postal Code:
Email:		Email:	
Phone (H)	(W)	Phone (H)	(W)

PROPERTY DESCRIPTION (Please provide copy of tax bill indicating legal description.)

District:		Township/Municipality:		
Lot #:		Concession #:		Mining Claim No:
Plan/LOC No.:	Sublot:	Parcel:	Other:	
Street Address/Emergency Locator#/911#:			Roll #:	
Lot Dimensions:				
Frontage:	Depth:	Ha/Acres or Sq. M/Sq. Ft.:		

WATER SUPPLY (CHECK TYPE) ❑ Proposed **OR** ❑ Existing

Municipal ❑ Drilled well ❑ Point ❑ Dug well ❑ Other (State) _____
Depth of Well Casing _____ Distance from Septic Tank _____ Distance to Leaching Bed _____

BUILDING CLASSIFICATION ❑ Building is new ❑ Building is existing

Use of buildings and the floor areas

1) _____ _____ 3) _____ _____

2) _____ _____ 4) _____ _____

PLUMBING Complete the following Table:

Description Example only: Potato Peeler	Total # 2	Fixture Units 3		Total Fixture Units 6 (example)
Water Closets (Flush Tank Toilet)	X	4	=	
Each Sink or Wash Basin	X	1½	=	
Bathtub and/or Shower	X	1½	=	

THU File# _____ - _____

PLUMBING (continued) Complete the following Table:

Description Example only: Potato Peeler	Total # 2		Fixture Units 3		Total Fixture Units 6 (example)
Dishwasher	X		1½	=	
Clothes Washing Machine	X		1½	=	
Single or Double Laundry Tub	X		1½	=	
Other	X			=	
Other	X			=	

SEWAGE SYSTEM

1. **Total # of bedrooms** on the property A _____
   Total Floor Area of buildings (taken from "Building Classification Section): B _____
   Total Fixture Units within all buildings on the property (taken from "Plumbing" section): C _____
   Total Daily Design Flow Rate (Expressed in L/Day) (Determine from A, B & C and Charts provided):= Q _____Litres/day

2. Describe Proposed Sewage System Area:
   a) Slope _____ b) Vegetation _____ c) Depth of Existing Soils to:
   i) Bedrock/Hardpan _____ft/m
   ii)High Groundwater Table _____ft/m

3. Describe soils to be used for sewage system:
   a) Existing On-Site Soils ❑ **OR** Imported Fill ❑
   b) Type of Soil indicated above (medium sand, coarse sand, sandy silt, clay loam, clay, etc.)
   _____
   c) Percolation Time of Proposed Soils (Refer to Info Sheets): T = _____ Min/Cm
   d) Describe Soils (Downslope of Sewage System) ➢ Type of Soil _____ Vegetation _____

PROPOSE TO CONSTRUCT (Refer to above information and to the Building Code and/or Information Sheets and charts provided)

❑ **CLASS 2 GREYWATER PIT** (leaching pit)

Wall Structure: ❑ Concrete Block ❑ Rocks Other _____
Dimensions of Pit: Length _____ Width _____ Height _____ Type of Cover _____
Type of Class 1 to be used: ❑ Privy ❑ Composting ❑ Chemical ❑ Electrical
Other _____

❑ **CLASS 4 TRENCH BED**

Total Length of Pipe _____ft/m # of Runs of Pipe _____ ❑ Header **OR** ❑ Distribution Box
❑ Use Existing Tank **OR** ❑ New CSA Standard: Concrete ❑ Polyethylene Size (L) _____
Soil Mantle Required? ❑ No ❑ Yes (If yes state size) _____ ft/m _____ ft/m

❑ **CLASS 4 FILTER BED ➢ PROOF OF APPROVED FILTER MATERIAL MUST BE PROVIDED**

❑ Dug into Existing Soil **OR** ❑ Raised State Size of Soil Mantle _____ ft/m _____ ft/m
Area of Filter Medium (Sq.m) _____ Contact Area (Sq.m) _____ Header ❑ **OR** Distribution Box ❑
❑ Use Existing Tank **OR** ❑ New CSA Standard: Concrete ❑ Polyethylene Size (L) _____

❑ **OTHER SYSTEM**
Describe: _____

THU File# _____ - _____

PROPOSE TO CONSTRUCT (continued) (Refer to above information and to the Building Code and/or Information Sheets and charts provided)

❑ **CLASS 5 (HOLDING TANK)**

Permitted only by exemption under the Building Code/a pump out contract with a licenced sewage hauler must be attached.

NEW CSA Standards: ❑ Steel ❑ Polyethylene Other _____ Size (L) _____

ALARM IS: ❑ Audio **AND** ❑ Visual Describe Platform _____

FOR ANY OF THE ABOVE IS A PUMP REQUIRED? ❑ Yes ❑ No

If yes ➢ Head _____ Run _____Horsepower _____

ALL applications under this Section must include:

➢ Septic **Contractor's** Licence Number: _____ ➢ On-Site **Installer's** Licence Number: _____

➢ **SITE PLAN ON NEXT PAGE ("Site Plan") SHOULD BE REFERENCED TO A CURRENT SURVEY AND SHOW:**

- ➢ Location of sewage system components (e.g. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, existing or proposed utility corridors, right-of-ways, driveways, easements, crown reserves lakes, rivers, water courses, swimming pools;
- ➢ Provide detailed sewage system diagram, including dimensions of leaching bed, soil mantle, septic tank location, and pumps chamber, if required;
- ➢ Show locations of any unsuitable, disturbed or compacted areas;
- ➢ Indicate drainage patterns, swales, culverts, rock outcroppings;
- ➢ GPS Coordinates are beneficial but not required.

PRIOR TO CONSTRUCTION, ARRANGE FOR AN INSPECTOR TO APPROVE THE PROPOSED SITE AND SEWAGE SYSTEM.

THU File# _____ - _____

Site Plan

As per Part 8 of the Ontario Building Code, ***this Site Plan must contain***:
Date it was done; name, address, telephone number and signature of the person who prepared; a scaled map of the site showing **a)** a legal description of the property, property lines and easements, **b)** the location of and clearances to several items located on the property or near the property, **c)** the proposed location of the components of the sanitary sewage system, **d)** the location of any unsuitable, disturbed or compacted areas and **e)** the access route for tank maintenance; depth to bedrock; depth to zones of soil saturation (high ground water table); soil properties and conditions; permeability.

Date of Site Plan: _____ Printed Name: _____

Signature: _____

Address & best telephone number of person preparing Site Plan:

_____

DIRECTIONS TO PROPERTY

NAME: _____

CONTACT NUMBERS: Home: _____ Cell: _____ Other: _____

PHYSICAL ADDRESS TO SITE: (please indicate 911#, or any other pertinent information such as house colour, landmarks, etc, that would help locate the property):

_____

_____

_____

DIRECTIONAL MAP TO PROPERTY:

Please draw map indicating highways, roads, signs, and landmarks to follow, etc.
Extraordinary travel costs by air, water, etc., are to be incurred by the applicant.

ATTENTION APPLICANT OR AGENT

- I agree to comply with the provisions of the Sewage System By-Laws of the Timiskaming Health Unit and all amendments thereto. I further agree that neither the granting of a permit, nor the approval of plans, nor inspections made by the Inspector shall in any way relieve me from my responsibility for carrying out the work in accordance with the By-Laws above mentioned. I also understand that it is my responsibility to arrange for the necessary inspections as specified in writing by the Director at the time of permit issuance.
- Applicants are responsible to ensure that the information provided is true and accurate. I also understand that, once a Permit has been issued, there shall be no change in the plans, specifications, documents, or other information on which the Permit was issued unless, written authorization is first received form the Director. The Timiskaming Health Unit will not be held responsible for incorrect information provided herein by the applicant.

_____	_____
Owner and/or Lessee Signature	Agent's Signature
_____	_____
Date	Date

- The Inspector will return all applications, which are incomplete or unsigned. This application does not constitute a permit.

NO WORKS SHALL COMMENCE UNTIL A PERMIT HAS BEEN ISSUED.

Services de santé du TIMISKAMING Health Unit

Mailing address:
PO Box 1090, 247 Whitewood Avenue, Unit 43
New Liskeard, ON P0J 1P0 ☎ 705-647-4305 705-647-5779
Branch offices:
31 Station Road North, Kirkland Lake, ON P2N 3M6 ☎ 705-567-9355 705-567-5476
63 Fifth Street, Englehart, ON P0J 1H0 ☎ 705-544-2221 705-544-8698

AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE SYSTEM PERMIT BY A PERSON OTHER THAN THE LEGAL OWNER

I, _____, being the legal owner of the subject property

described as Lot _____, Concession _____, Sub lot _____, Parcel _____,

Plan _____, Mining Claim _____, Township of _____

in the District of _____, authorize _____

whose mailing address, phone number, and email address are

_____

_____

_____

to apply for a Sewage System Permit and the associated site inspection(s) on my behalf.

_____
Signature of Legal Owner

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) Timiskaming Health Unit's Privacy Officer, or, b) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 416-585-6666.

Form N-42-LC (02.19)

Application for a Permit to Construct or Demolish

This form is authorized under the Building Code Sentence 2.4.1.1A.(2).

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: _____
(Name of municipality, upper-tier municipality, board of health or conservation authority)

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. Applicant

Applicant is: ❑ Owner or ❑ 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 ( )

C. 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 ( )

D. 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 ( )

E. 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

F. Tarion Warranty Corporation (Ontario New Home Warranty Program)

i. Is proposed construction for a new home as defined in the *Ontario New Home Warranties Plan Act*? If no, go to section G. ❑ Yes ❑ No

ii. Is registration required under the *Ontario New Home Warranties Plan Act*? ❑ Yes ❑ No

iii. If yes to (ii) provide registration number(s): _____

G. Attachments

i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
iii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.
iv. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

H. Declaration of applicant

I _____ certify 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 authority to bind the corporation or partnership (if applicable).

_____ _____
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 2.20.2.1]

❑ 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

I _____ declare that (choose one as appropriate):
(print name)

❑ I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.

Individual BCIN: _____

Firm BCIN: _____

❑ I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code.

Individual BCIN: _____

Basis for exemption from registration: _____

❑ 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 authority to bind the corporation or partnership (if applicable).

_____ _____
Date Signature of Designer

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

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 2.18.1.1?

- ❑ 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. I have authority to bind the corporation or partnership (if applicable).

_____ _____
Date Signature of applicant

TIMISKAMING HEALTH UNIT

LAND CONTROL PROGRAM

CBO & Land Control Inspector Notes

TIMISKAMING HEALTH UNIT

LAND CONTROL PROGRAM

CBO & Land Control Inspector Notes

Services de santé du TIMISKAMING Health Unit

Sewage System Permits

Schedule of Fees

Effective, March 27, 2021

Permit	Cost
Class 2 Sewage System (Leaching Pit)	$350.00
Class 2 Sewage System (more than 4 sites) *Plus $61.94 for each additional)*	$1,015.00 $63.00
Class 3 Sewage System	$350.00
Class 4 Sewage System (Tank and Leaching Bed System)	$1,020.00
Class 4 Sewage System (Leaching Bed Only)	$669.00
Class 4 Sewage System (Tank Only)	$351.00
Class 5 Sewage System (Holding Tank)	$525.00
Renovation Permit	$127.00
Demolition Permit	$350.00
Revisions to Permit (Inspection Required)	$350.00
Transfer of Permit to New Owner	$125.00
File Inquiries (File Search)	$170.00
Copy of Record	$ 50.00
Consent to Sever Applications a. Up to 2 lots b. 3 to 5 lots c. 6 or more lots	 $317.00 $381.00 $508.00
Minor Variance/Zoning Applications (per lot)	$250.00
Subdivision Applications: a. Up to 20 lots b. 21 to 50 lots c. 50 or more lots (plus $61.94 per lot above 50)	 $250 per lot up to a maximum of $5,000.00
Sanitary Survey (full inspection required)	$650.00
Maintenance (Re-inspection) Program	$375.00
Extraordinary travel costs by air, water, ect…	Full Cost Recovery

R-3a-LC (05.98) rev. (01.21)

Services de santé du TIMISKAMING Health Unit

Minimum Clearances for
HOLDING TANKS

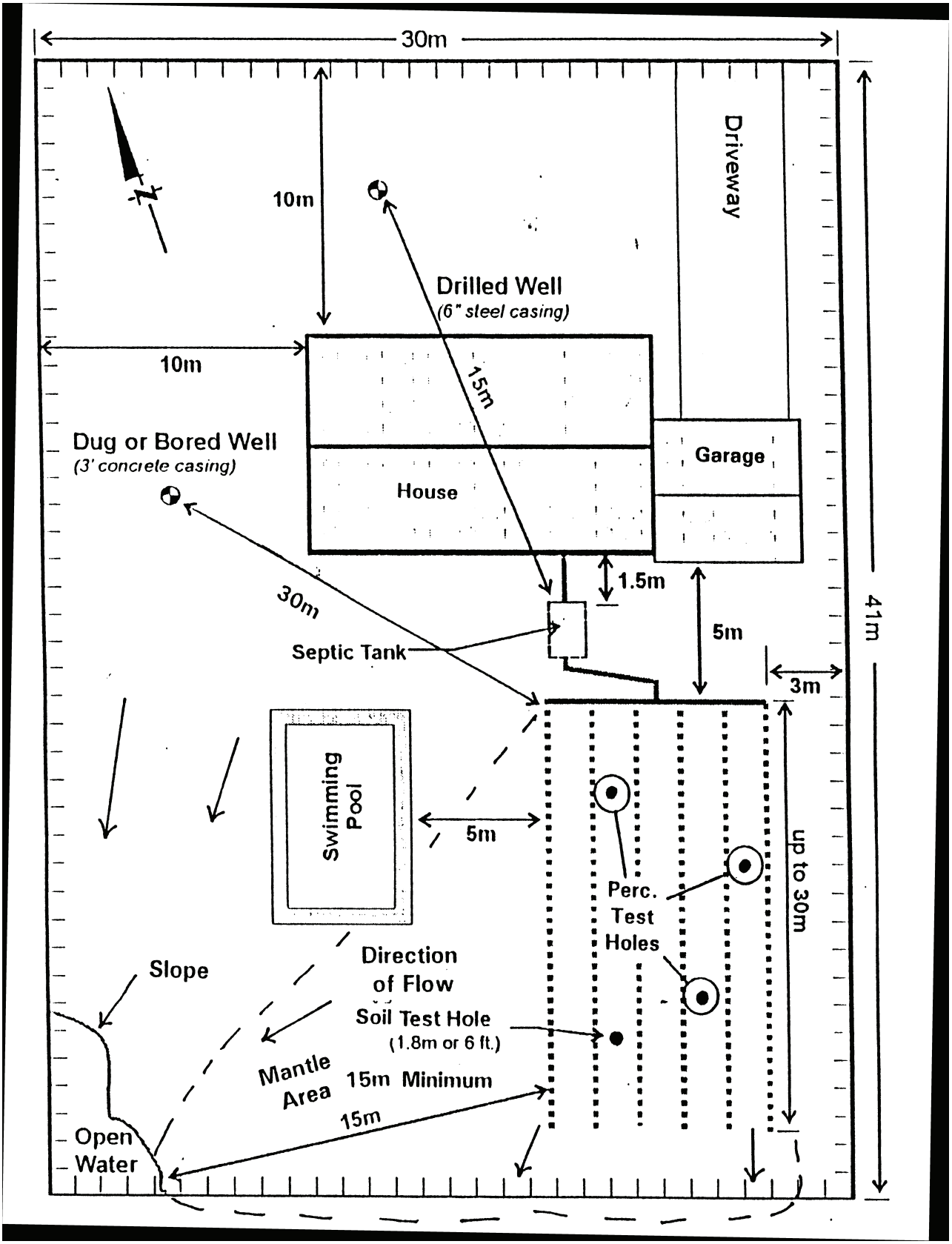
Table 8.2.1.6.C.
Forming part of Sentence 8.2.1.6.(3)

Structure	1.5 m (4.9’)
Well with a watertight casing to a depth of at least 6 m	15 m (49.2’)
Any other well	15 m (49.2’)
A spring	15 m (49.2’)
Property Line	3 m (9.8’)

Table 8.2.1.5.
Forming Part of Sentence 8.2.1.5.(1)

Clearance Distances for Class 1, 2 and 3 Sewage Systems				
	Minimum horizontal distance in metres/feet from a well with watertight casing to a depth of at least 6 m (19.7’)	Minimum horizontal distance in metres/feet from a spring used as a source of potable water or well other than a well with a watertight casing to a depth of a least 6 m (19.7’)	Minimum horizontal distance in metres/feet from a lake, river, pond, stream, reservoir, or a spring not used as a source of potable water	Minimum horizontal distance in metres/feet from a property line
Earthy Pit Privy	15 m (49.2’)	30 m (98.4’)	15 m (49.2’)	3 m (9.8’)
Privy Vault Pail Privy	10 m (32.8’)	15 m (49.2’)	10 m (32.8’)	3 m (9.8’)
Greywater System	10 m (32.8’)	15 m (49.2’)	15 m (49.2’)	3 m (9.8’)
Cesspool	30 m (98.4’)	60 m (196.9’)	15 m (49.2’)	3 m (9.8’)

SAMPLE ONLY OF SITE PLAN
SET BACKS ARE FOR A FULL IN GROUND SYSTEM ONLY



Form R-5-LC (03.05)

Services de santé du TIMISKAMING Health Unit

PERCOLATION TEST PROCEDURE
TO BE CONDUCTED BY APPLICANT

There shall be a minimum of **three (3)** locations selected, suitably spaced to accurately evaluate the leaching bed area, with the **highes**t percolation time of the test being used **[8.2.1.2(3), Ontario Building Code].**

Percolation tests shall be conducted as follows:

(a) excavations shall be made in the soil at the site where the leaching bed is to be located;

(b) excavations referred to in clause (a) shall have the following dimensions:
   i) between 100 and 300 mm in diameter
   ii) be at least 200 mm in depth below the upper level of the soil layer being assessed.

(c) Cover the bottom of the excavation with 50 mm of sand or fine gravel.

(d) Fill the hole with water to a depth of 300 mm (or to the surface) and determine the time it takes for the water to a depth of 300 mm (or to the surface) and determine the time it takes for the water to seep away; repeat, and if the second filling seeps away in 10 minutes or less proceed as follows:
   i) establish a fixed reference point, add water to a depth of 150 mm above the sand or fine gravel, and measure the water drop every 10 minutes for one hour. If for one hour the first 150 mm seeps away in 10 minutes or less, use a shorter time interval between readings.
   ii) refill the 150 mm level when necessary and start another series of readings. Continue readings until the last two series of readings show a similar drop pattern (approximately equal drop in the same number of readings) or, alternatively, until the difference in the maximum and minimum drops in 3consecutive readings is less than 5 mm. In either case use the average drop of the last 3 readings in computing "T".

(e) If the initial fillings to 300 mm take more than 10 minutes to seep away, follow with this procedure:
   i) maintain at least 300 mm of water in the hole for at least 4 hours, or until the soil being tested has become swollen and saturated with water. At least 12 hours should be allowed for swelling in clay soils, although dry clay soils may require longer periods to obtain a stabilized percolation rate.
   ii) After swelling remove any loose material from the top of the sand or fine gravel.
   iii) Using a fixed reference point, adjust the water level to 150 mm above the sand or gravel and measure the water drop every 30 minutes for four hours or until a stable rate of drop is reached. If the first 150 mm seeps away in less than 30 minutes, use a 10 minute interval and run the test for one hour or until the drop rate is stabilized. A drop of 5 mm or less in a 30 minute interval is indicative of a soil of "T" close to or greater than 50 min/cm. If it is to be assessed increase the reading interval to 60 minutes.
   iv) Refill with water to the 150 mm level when necessary. Take readings until a stable rate of drop is reached. This may be when the drop in two successive readings does not vary by more than 1.5 mm or when the difference between the maximum and minimum readings of the last four readings does not exceed 5 mm. Once a stable rate is reached use the average drop of the last 3 readings in computing the percolation time.

(f) Percolation time = $\frac{\text{Time Interval (minutes)}}{\text{Average drop of last 3 readings (cm)}}$

Also

Please note that in preparation for an inspection of a proposed Class 4 sewage system, you must dig one (1) and preferably two(2) test holes to a minimum depth of 1.5 meters (5 feet) or at least to bedrock, water table or impermeable silt or clay soil in the area of the proposed tile bed, such that soil conditions can be properly assessed. These holes must remain open for the inspection.

The test hole should be done with a backhoe to allow the inspector to ascertain soil conditions, impervious layers, presence/absence of the ground water table and/or the possible existence of a high ground water table elevation.

Services de santé du TIMISKAMING Health Unit

SOIL SAMPLE LAB PROCEDURE

Soil Sample shall be conducted as follows:

a) The soil sample ***must*** come from the area you plan to install the septic bed ***(note, the person taking the soil sample is responsible to ensure that it was taken from the location described above).***

b) Remove the first foot of soil to ensure your sample has as little organic matter as possible as the lab where sample is tested will charge more if they need to spend time separating organic materials out of your sample

c) Fill a 5 gallon pail with soil from a soil depth of between 2 and 4 feet down

d) Bring sample (filled 5 gallon pail) to the private testing lab. You will be required to provide the lab with the exact location and legal description of where sample was taken

e) Once your results have been received from your chosen lab, these results ***must*** accompany your permit application. It ***must*** also be noted on your septic application who took the sample (ie full name, company, phone # etc.) as they take legal responsibility for the location information and the contents submitted to the lab

Services de santé du TIMISKAMING Health Unit

Table 8.2.1.3.A.
Forming part of Sentence 8.2.1.3.(1)

Daily Design Sanitary Sewage Flow Residential Occupancy	**Volume** (Litres)
Dwellings	
a) 1 bedroom dwelling	750
b) 2 bedroom dwelling	1100
c) 3 bedroom dwelling	1600
d) 4 bedroom dwelling	2000
e) 5 bedroom dwelling	2500
f) Additional flow for	
i. each bedroom over 5	500
ii. a) each 10 m^2 (or part thereof) over 200 m^2 up to 400^2 (3), and	100
b) each 10 m^2 (or part thereof) over 400 m^2 up to 600 m^2 (3), and	75
c) each 10 m^2 (or part thereof) over 600 m^2 (3), or	50
iii. each fixture unit over 20 fixture units	50

SEPTIC TANK (Treatment Tank) SIZING

The **minimum** working capacity of a septic tank shall be the greater of 3,600 litres and,
(a) in ***residential*** occupancies, ***twice*** the daily design sanitary sewage flow,
or
(b) in ***non-residential*** occupancies, ***three*** times the daily design sanitary sewage flow.

8.7.3.1
LENGTH OF DISTRIBUTION PIPE

The total length of distribution piping shall not be less than 40 m.
Every leaching bed constructed by means of absorption trenches shall have a total length of distribution pipe not less than the value determine by the formula:

L=QT divided by 200

where:
L = total length of distribution pipe in metres
Q = the total daily design sanitary sewage flow in litres
T = the design percolation time

Services de santé du TIMISKAMING Health Unit

Minimum Clearances for TREATMENT TANKS

Table 8.2.1.6.a
Forming part of Sentence 8.2.1.6 (1)

Minimum Clearances for Treatment Units (Tanks)	
Structure	1.5 m
Well	15 m
Lake	15 m
Pond	15 m
Reservoir	15 m
River	15 m
Spring	15 m
Stream	15 m
Property Line	3 m

Table 8.2.1.6.B.
Forming part of Sentence 8.2.1.6.(2)

Minimum Clearances for Distribution Piping	
Structure	5 m
Well with a watertight casing to a depth of 6 m	15 m
Any other well	30 m
Lake	15 m
Pond	15 m
Reservoir	15 m
River	15 m
A spring not used as a source of potable water	15 m
Stream	15 m
Property Line	3 m