



Mailing address:

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☎ 705-567-9355 ☒ 705-567-5476
☎ 705-544-2221 ☒ 705-544-8698

<i>For office use only</i>	
File No.....
Date Application Rec:.....
Fee Paid:
Cash <input type="checkbox"/> Cheque <input type="checkbox"/> M.O. <input type="checkbox"/>	

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

OWNER/AGENT/LESSEE (Please print.)

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

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

District:		Township/Municipality:	
Lot #:		Concession #:	
Plan 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 =	
Bathub and/or Shower	X	1½ =	

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: _____

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 _____

DIRECTIONS TO PROPERTY

(Show Highways, Roads, Signs, Landmarks, etc. to follow)

Extraordinary travel costs by air, water, etc., are to be incurred by the applicant.

ALL applications under this Section must include:

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

➤ **SITE PLAN BELOW SHOULD BE REFERENCED TO A CURRENT SURVEY AND SHOW:**

- Property lines, lot size and dimensions of the property;
- Provide detailed sewage system diagram, including dimensions of leaching bed, soil mantle, septic tank location, and pumps chamber, if required;
- Show setbacks from existing and proposed sewage systems to property boundaries, buildings, wells (including neighbours), lakes, rivers, streams, reservoirs, ponds and water drainage courses;
- Show locations of any unsuitable, disturbed or compacted areas;
- Show existing or proposed utility corridors, right-of-ways, driveways, easements, crown reserves;
- Indicate drainage patterns, swales, culverts, rock outcroppings.

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

SITE PLAN (continued)

Empty space for the site plan drawing.

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 from 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.

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.



Sewage System Permits

Schedule of Fees

Effective, February 1st, 2014

Permit	Cost
Class 2 Sewage System (Leaching Pit)	\$254.00
Class 2 Sewage System (more than 4 sites) <i>Plus \$61.94 for each additional</i>	\$1015.00 \$63.00
Class 3 Sewage System	\$254.00
Class 4 Sewage System (Tank and Leaching Bed System)	\$952.00
Class 4 Sewage System (Leaching Bed Only)	\$635.00
Class 4 Sewage System (Tank Only)	\$317.00
Class 5 Sewage System (Holding Tank)	\$317.00
Renovation Permit	\$127.00
Demolition Permit	\$254.00
Revisions to Permit (Inspection Required)	\$190.00
Transfer of Permit to New Owner	\$63.00
File Inquiries (File Search)	\$127.00
Copy of Record	\$ 32.00
Consent to Sever Applications	
a. Up to 2 lots	\$317.00
b. 3 to 5 lots	\$381.00
c. 6 or more lots	\$508.00
Minor Variance/Zoning Applications (per lot)	\$254.00
Subdivision Applications:	
a. Up to 20 lots	\$1,904.00
b. 21 to 50 lots	\$4,435.00
c. 50 or more lots	\$4,435.00
(plus \$61.94 per lot above 50)	\$63.00
Sanitary Survey (per site)	\$96.00
Maintenance (Re-inspection) Program	\$375.00
Extraordinary travel costs by air, water, ect...	Full Cost Recovery

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 m ² ⁽³⁾	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

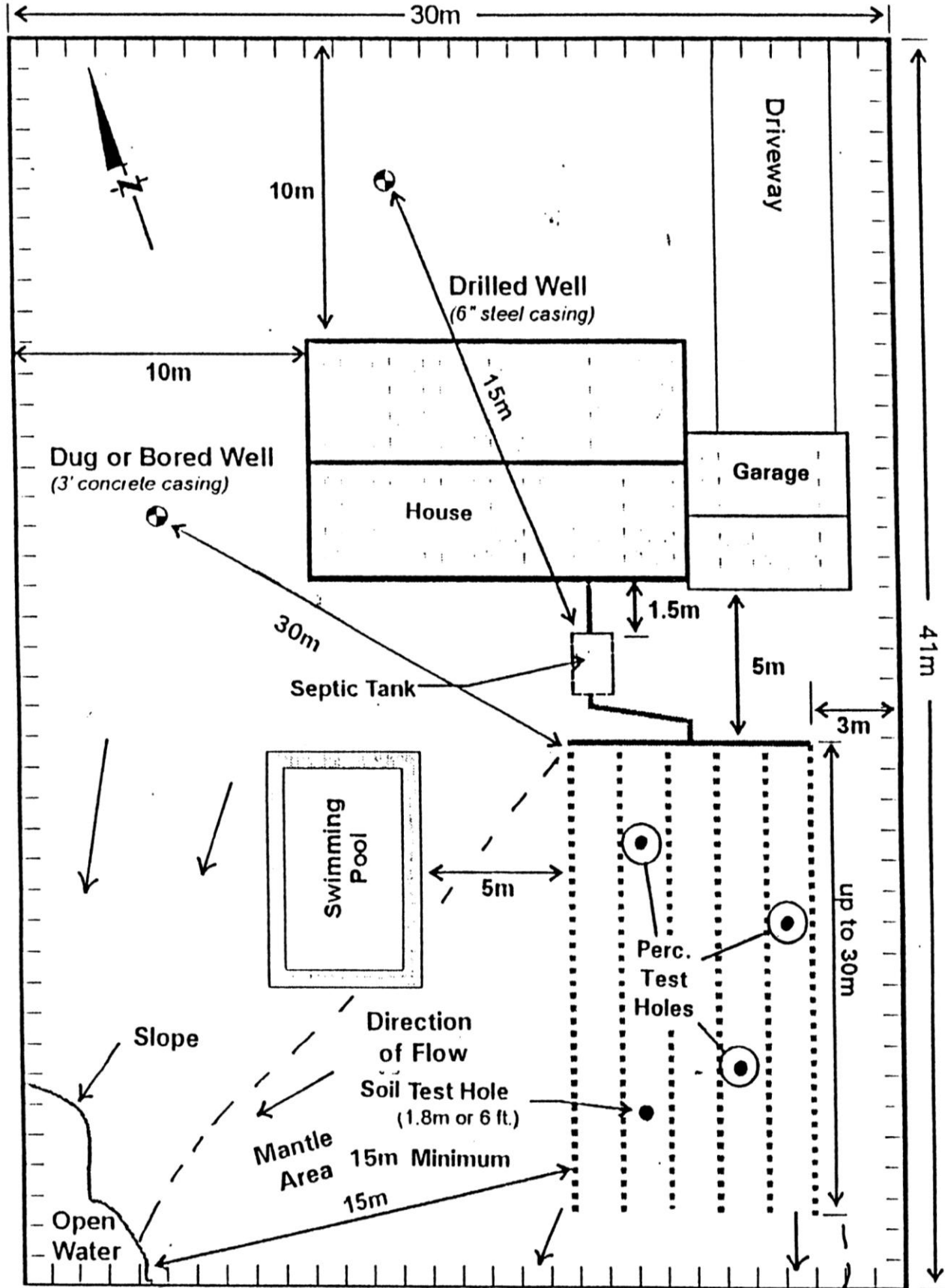
The total length of *distribution piping* shall not be less than 40 m.
 Every leaching bed constructed by means of absorption trenches shall have a total length of distribution pipe not less than the value determined by the formula:

$$L = QT \text{ divided by } 200$$

where:

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

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



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 **highest** 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 3 consecutive 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.



**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



**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')

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: <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 ()	
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			
<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			
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)			
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): _____			

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

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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]			
<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			
D. Declaration of Designer			
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 2.17.4. 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 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: _____			
<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 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*.

Form N-36-LC (04.08)

THU File# _____ - _____

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?			
<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)
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:			
<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><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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. I have authority to bind the corporation or partnership (if applicable).</p> <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			

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