

## 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>			
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			
<b>D. Declaration of Designer</b>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">             _____              Date <span style="margin-left: 200px;">Signature of Designer</span> </p>			

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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 Professional Engineers 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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		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>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>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="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

# Calculation Sheet

## Ontario Building Code Proposed Requirements – Residential Sewage Disposal System

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

### 1. Sewage Flow Table 8.2.1.3.A.

- a) Number of bedroom up to 5 bedrooms: \_\_\_\_\_ = \_\_\_\_\_ Litres (1)  
**ADD**
- b) Each bedroom over 5 bedrooms: \_\_\_\_\_ = \_\_\_\_\_ Litres (2)  
**OR**
- c) Living space: \_\_\_\_\_ m<sup>2</sup>  
 Each 10m<sup>2</sup> or part of it over 200m<sup>2</sup> up to 400m<sup>2</sup>: \_\_\_\_\_ x 100 = \_\_\_\_\_ Litres  
 Each 10m<sup>2</sup> or part of it over 400m<sup>2</sup> up to 600m<sup>2</sup>: \_\_\_\_\_ x 75 = \_\_\_\_\_ Litres  
 Each 10m<sup>2</sup> or part of it over 600m<sup>2</sup>: \_\_\_\_\_ x 50 = \_\_\_\_\_ Litres  
**OR** (whichever is the larger flow) Total: \_\_\_\_\_ Litres (3)
- d) Total Fixture Units: \_\_\_\_\_  
 Each Fixture Unit over 20: \_\_\_\_\_ x 50 = \_\_\_\_\_ Litres (4)

**Total Sewage Flow:** (Q) (Add 1 + 2 or 3 or 4) \_\_\_\_\_ Litres

### 2. Septic Tank Size

Residential Occupancy: \_\_\_\_\_ Sewage Flow: \_\_\_\_\_ x 2 = \_\_\_\_\_ Litres (Minimum - 3600 Litres)

### 3. Leaching Bed Size 8.7.3.1 – 8.7.3.1.A. – 8.7.3.2. (Dosing pump or siphon required over 150m) (Maximum 30m in each run of trench)

- a) Length of Pipe or Type 1 Chamber =  $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{200}$   
 $L = \frac{QT}{200} = \frac{\text{_____} \times \text{_____}}{200} = \text{_____ m. of trench} \text{ _____ ft. of trench}$   
 (Total Length of trench 40m Minimum)  
**OR**

- b) Level II, Level III, or Level IV Treatment Units or Type II Leaching Chamber (Provide make and model):

Length of Pipe/Chamber =  $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{300}$

$L = \frac{QT}{300} = \frac{\text{_____} \times \text{_____}}{300} = \text{_____ m. of trench} \text{ _____ ft. of trench}$   
 (Total Length of trench 40m Minimum)

### 4. Loading Rate for Fill-Based Absorption Trenches and Filter Beds (Extended Contact Area) Table 8.7.4.1.

Loading Rates	Percolation Time	Loading Rate (L/m <sup>2</sup> /day)
	1-20	10
	20-35	8
	35-50	6
	>50	4

Sewage Flow ÷ Loading Rate = m<sup>2</sup> of contact area  
 \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup> of loading area  
 (Total area under bed & mantle area)

SOIL CONDITION	
Depth (metres)	Soil Type
0	_____
0.5	_____
1.0	_____
1.5	_____
Show Rock Elevation _____	
Show Water Table _____ W	

### 5. Filter Bed Size 8.7.5.2.(3)&(4) (minimum 10 m<sup>2</sup> and max 50 m<sup>2</sup> for each separate filter bed)

- a) Sewage Flow < 3000 Litres/Day: Sewage Flow ÷ 75 = m<sup>2</sup>  
 \_\_\_\_\_ ÷ 75 = \_\_\_\_\_ m<sup>2</sup> of filter bed
- b) Sewage Flow > 3000 Litres/Day: Sewage Flow ÷ 50 = m<sup>2</sup>  
 (Requires 2 Filter Beds of Similar Size)  
 \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ m<sup>2</sup> of filter beds ÷ 2 Filter Beds = \_\_\_\_\_ m<sup>2</sup> per filter bed

### 6. Filter Bed Contact Area of Filter Sand 8.7.5.3.(6)

Area =  $\frac{\text{Sewage Flow} \times \text{Percolation Rate}}{850}$  = \_\_\_\_\_ m<sup>2</sup> of contact area  
 $A = \frac{QT}{850} = \frac{\text{_____} \times \text{_____}}{850} = \text{_____ m}^2 \text{ of contact area}$

\*Contact area (6) is to be no less than the filter bed size (5)\*

Owner/Contractor/Designer's Name: \_\_\_\_\_

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



# Hastings Highlands

*Beautiful By Nature*

**OFFICE USE ONLY**

Fee: \$150.00 – credited if new sewage system is required at time of the building permit application

Fee Receipt Number:

Date Fee Received:

## Application for a Review of Septic System Requirements for: Building Additions, Renovations, and Additional Buildings

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (town, hamlet, etc.) (postal code)

Township Lot #: \_\_\_\_\_ Concession #: \_\_\_\_\_ Township: \_\_\_\_\_

Plan #: \_\_\_\_\_ Sub Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Civic (Emergency, Fire, 911) or Roll # \_\_\_\_\_

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

Type of Building: \_\_\_\_\_  
(single family dwelling, seasonal dwelling, type of business)

Water Supply: Drilled Well [ ] Dug or Bored Well [ ] Other (Please specify) \_\_\_\_\_

Reason for Application Describe proposed changes: (draw diagram on reverse)

### Existing Sewage System Information

Indicate Type: Septic tank/leaching bed [ ] Holding tank [ ] Other (please specify) \_\_\_\_\_

Do you possess records respecting your existing sewage disposal system?

Yes [ ] If 'yes', please attach a copy of the **Installation Report/Use Permit** issued for your existing system

No [ ] If 'no', 1) What year was the sewage system installed? \_\_\_\_\_ 2) Year premises built \_\_\_\_\_

The Municipality can search our records for the information (Please refer to our Application for a Copy of the Septic System Permit and/or Installation Report). If the record of your sewage system is not available and if there is an increase in sewage flow, a new sewage system or upgrade may be required. Alternatively, the applicant may engage the services of an engineer or private sewage system inspector with a BCIN# to conduct a study on the sewage system for which a permit does not exist. If the system is found to meet all the requirements of the Ontario Building Code, the existing system may be accepted. Contact your private sewage system inspector to discuss further. A decrease in the 'performance level' beyond the capacity of any component in the system would require compensating construction (upgrading)

### Existing Use

State the number of:	Bedrooms	Showers & Bathtubs	Wash Basins	Toilets	Kitchen Sinks	Clothes washer / dishwasher	Laundry Tubs	Floor drains (connected to the sewage system)

Total Area of Living Space on Property (includes guest cabins, bunkies, etc.) \_\_\_\_\_ **sq.ft.**

### Total Proposed Use (Including Existing & Proposed)

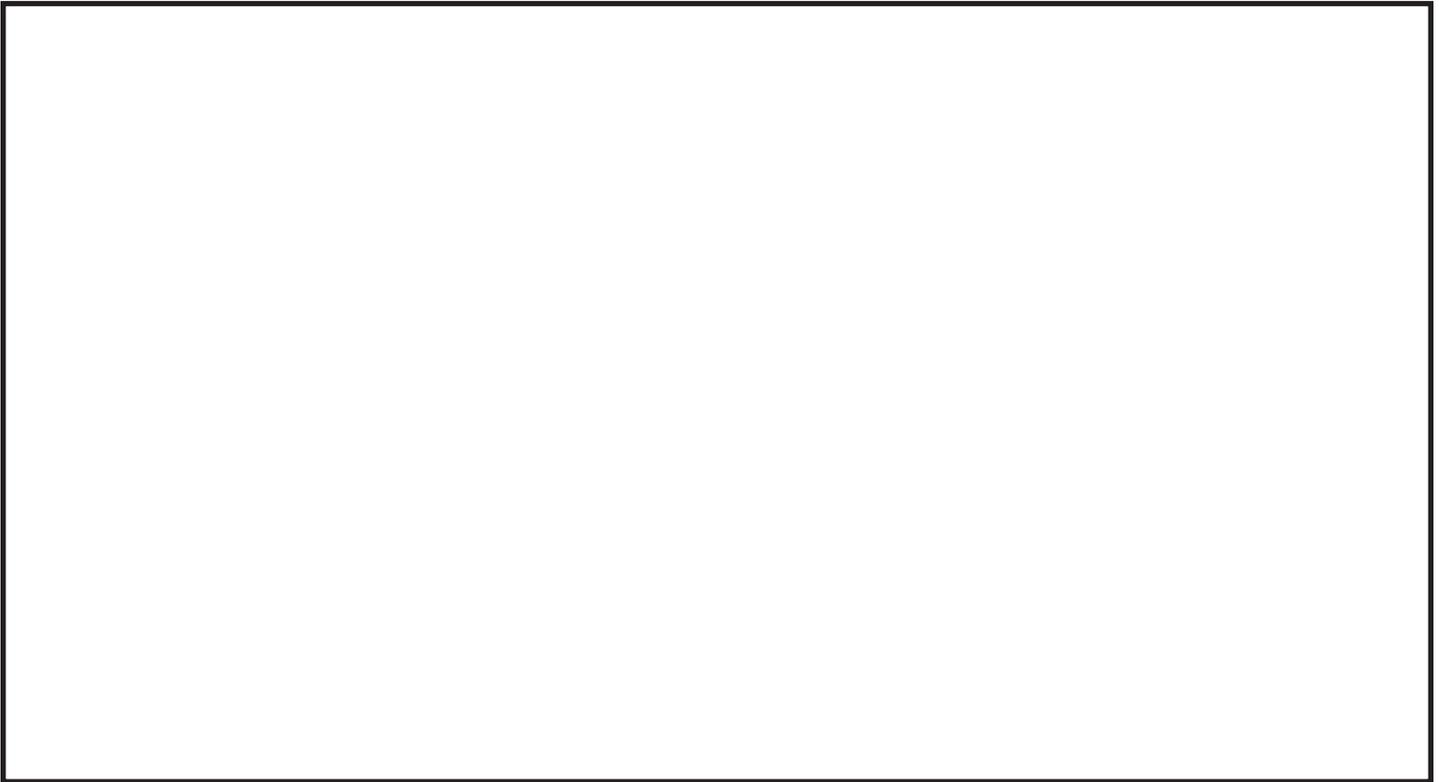
State the number of:	Bedrooms	Showers & Bathtubs	Wash Basins	Toilets	Kitchen Sinks	Clothes washer / dishwasher	Laundry Tubs	Floor drains (connected to the sewage system)

Total Area of Living Space on Property (includes guest cabins, bunkies, etc.) \_\_\_\_\_ **sq.ft.**

**THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED**

## LOT DIAGRAM AND SEPTIC SYSTEM PLAN

(Show all structures and well locations, dimensions and separation distances for what is existing and proposed)



**Note:** In order for the Municipal septic system inspector to carry out a proper evaluation of the owner's proposal and property, all of the required information must be completed **TO AVOID DELAYS**.

### Attention Applicant or Agent

Personal information contained on this form is collected pursuant to the Ontario Building Code Act 1992 as amended, and will be used for the purpose of considering your application for a permit.

**I certify that the information contained on this application form is complete and correct to the best of my knowledge.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's signature must be provided or a letter from the owner appointing an authorized agent.

Municipality of Hastings Highlands' Building Department  
33011 Hwy 62N  
P.O. Box 130, Maynooth,  
Ontario K0L 2S0  
Telephone: 613-338-2811 ext 255  
Website: [www.hastingshighlands.ca](http://www.hastingshighlands.ca)



*Hastings Highlands*  
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OFFICE USE ONLY
FEE: \$50:00
DATE FEE RECEIVED

**Application for a Copy of Septic System Permit and/or Installation Report**

**Property Information:**

Property Owner(s) \_\_\_\_\_

Municipal Address \_\_\_\_\_

Roll # \_\_\_\_\_ Lot # \_\_\_\_\_

Concession # \_\_\_\_\_ Plan # \_\_\_\_\_

**Sewage System Information:**

Septic Permit Number (if known) # \_\_\_\_\_

Approximate year the sewage system \_\_\_\_\_

Search Requested By:

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

Agency: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

PICK UP (should be available in three business days)       MAIL (should be received in 5 to 10 days)

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

\_\_\_\_\_  
 Date

**Note: \$50.00 fee is required.** Cheques are to be made payable to the Municipality of Hastings Highlands

Municipality of Hastings Highlands' Building Department  
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 Ontario K0L 2S0  
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