

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 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)	
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="margin-left: 40px;">(print name)</p> <p style="margin-left: 40px;">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 style="margin-left: 40px;">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"> 1. The information contained in this schedule is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date</p> <p style="margin-left: 200px;">_____</p> <p style="margin-left: 200px;">Signature of applicant</p>			

I, Property Owner Name, being the legal owner of the subject property (described below), authorize Authorized Agent Name (contact information below) to apply for a sewage system permit and the associated site inspections on my behalf. I accept responsibility to ensure that all information provided for the septic system permit is true and accurate.

Signature of Legal Owner

Signature of Authorized Agent

Month / Day / Year

Date

Subject Property Information		Authorized Agent Information	
Civic Address		Mailing Address	
Township/ Former Ward		Phone	
Roll Number		Fax	
Lot	Concession	BCIN (if applicable)	
Sublot	Plan		

Do Not Complete Permit No _____ Revision No _____ Date _____

Schedule 4
Proposed Services
Complete Sections 1 thru 7

1. Engineered

- Yes
- No

2. Water supply

- Proposed
- Existing

3. Type of work proposed

- New Installation
- Replacement
- Alteration

4. Type of Well

- Dug/bored/Sandpoint well
- Drilled well
- Municipal
- Other

5. Residential Sewage Design Flow Info.

Bedrooms _____
 House (floor area) _____ m²
 People _____
 Total Fixture Units _____ (Schedule 8)
 Residential Flow _____ L/day

6. Sewage Design Flow Other Occupancies

Design Flow _____ L/day
 Detailed sewage flow calculations:

7. Type of System

- Effluent Filter/Risers ONLY
- Tank/Treatment Unit/Pump Chamber ONLY

- Class 2 – Leaching Pit
- Class 3 – Cesspool
- Class 4 – Leaching Bed (see 7A.)
- Class 5 – Holding Tank (9000L min)

7A. Type of Leaching Bed

- Class 4 Treatment Unit

- Class 4 – **Trench** (Schedule 9)
 - Fully raised In-ground
 - Partially raised
- Class 4 – **Filter Media** (Schedule 10)
 - Fully raised In-ground
 - Partially raised
- Class 4 – **Shallow Buried Trench**
- Class 4 – **BMEC Area Bed** (Schedule 11)
 - Fully raised In-ground
 - Partially raised
- Class 4 – **“Type A” Dispersal** (Schedule 13)
 - Fully raised In-ground
 - Partially raised
- Class 4 – **“Type B” Dispersal** (Schedule 14)
 - Fully raised In-ground
 - Partially raised

Do Not Complete
 Permit No _____
 Revision No _____
 Date _____

**Schedule 5
Sewage System Details**

Type of System _____ (Schedule 4)

Septic/Holding Tank Size: _____ Litres Make: _____

Septic Tank Effluent Filter Make: _____ Model: _____

Treatment Unit – Make & Model _____

Number of Units: _____ Other: _____

Refer to Typical Drawing # _____ Pump(s) required _____

Mantle Information: Pump Rate _____ L/15min

Native or imported =15m in _____ direction(s) **Note:** Alarm required for all

Slope subgrade _____ % slope pumping systems

_____ direction(s)

Site to be Scarified (If clay)	YES / NO	Clay Seal Required (If bedrock)	YES / NO
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Trench

Distribution Pipe Length _____ m

Loading Area _____ m²

Type of Chamber _____

Length of Chamber _____ m

BMEC Area Bed

Type A

Type B

Stone _____ m²

Sand _____ m²

Pipe _____ m

Linear Loading _____ L/m²

**Tank/Treatment Unit/
Pump Chamber Replacement ONLY**

Effluent Filter & Riser ONLY

Shallow Buried Trench

Pipe Length _____ m

Filter Media Bed

Stone _____ m²

Extended Base _____ m²

Pipe _____ m

Weight of Filter Media _____ Kg

Loading Area _____ m²

Construction Notes:
