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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?		
<input checked="" 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
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)		
<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;		
OR		
<input type="checkbox"/> I am the holder of the permit known.		
I certify that:		
1. The information contained		
2. If the owner is a corporation		
Date _____		

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28736

OFFICIAL RECEIPT

 <p>HEALTH PROTECTION DEPARTMENT</p> <p>• 458 LAURIER BLVD., BROCKVILLE, ON K6V 7A3 • 25 JOHNSTON ST., SMITHS FALLS, ON K7A 0A4</p>	<p>DATE <u>Aug 14</u> 20<u>14</u></p>																						
RECEIVED FROM	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">DOLLARS</td> <td style="width: 20%;">CENTS</td> </tr> <tr> <td style="text-align: center;">550</td> <td style="text-align: center;">00</td> </tr> </table>	DOLLARS	CENTS	550	00																		
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550	00																						
ADDRESS	<p>THE SUM OF <u>Five hundred fifty</u> ⁰⁰/₁₀₀ DOLLARS</p>																						
FOR	<p>FOR <u>159 Temperance Lake Rm</u></p>																						
<table border="1" style="width: 100%;"> <tr> <th colspan="2">PAID BY</th> </tr> <tr> <td>CASH</td> <td></td> </tr> <tr> <td>CHEQUE #</td> <td style="text-align: center;">066</td> </tr> <tr> <td>MONEY ORD.</td> <td></td> </tr> <tr> <td colspan="2">HST #R130348022</td> </tr> </table>	PAID BY		CASH		CHEQUE #	066	MONEY ORD.		HST #R130348022		<table border="1" style="width: 100%;"> <tr> <td>Sewage System Permit</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>File Search</td> <td></td> </tr> <tr> <td>Severance</td> <td></td> </tr> <tr> <td>Site Inspection Permit</td> <td></td> </tr> <tr> <td>Subdivision</td> <td></td> </tr> <tr> <td>Maintenance Inspection</td> <td></td> </tr> </table> <p style="text-align: right; font-size: 18pt;">L Mally</p> <p>PER _____</p>	Sewage System Permit	<input checked="" type="checkbox"/>	File Search		Severance		Site Inspection Permit		Subdivision		Maintenance Inspection	
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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. Required Schedules

- i. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- ii. Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.

H. Completeness and compliance with applicable law

i. This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. The proposed building, construction or demolition will not contravene any applicable law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I. 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. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

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.

Directions to your lot:

SEWAGE SYSTEM DESIGN CRITERIA

Permit #:

1. State # of:	Bedrooms/Units/ Sleeping Cabins	People	Floor Area m ²	Fixture Units
Proposed	2	2	125 m ²	11.5
Existing (If Applicable)				
Total				

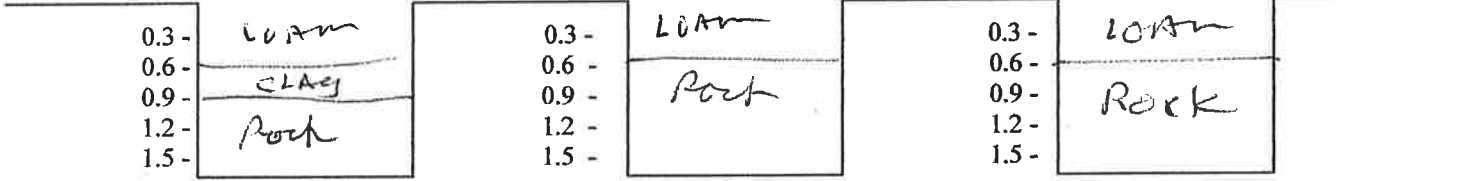
2. **Water Supply:** Proposed or Existing
 Dug or bored well Drilled Well
 Casing Depth _____ Water Treatment Units
 Other: _____

FIXTURE UNIT COUNT

3. Please complete the following table:

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)	1	X	6	6
Water Closet (tank toilet)		X	4	
Each sink	2	X	1 1/2	3.0
Bathtub or shower		X	1 1/2	
Dishwasher	1	X	1	1
Clothes washing machine	1	X	1 1/2	1.5
Single or double laundry tub		X	1 1/2	
Other		X		
TOTAL				11.5

4. **Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**
 Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.



DESIGN PERCOLATION RATE.....30 min/cm Native Soil Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

5.

Leaching Bed Profile	Leaching Bed Design Calculations
	$CA = \frac{1100 \times 30}{400} = 82.5$ $L = \frac{1100}{75} = 14.6$ $4 \times 3.8 = 15.2$

Working capacity of septic/holding tank 4500 L Litres	Tertiary Treatment if Applicable MICRO FAST .50	Length of distribution pipe 4 runs 3.8 = 15.2 Metres
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