

Applying for a Class 2 Sewage Treatment System Permit

Please complete the following steps to apply for a sewage treatment system permit. More details on each step can be found in the attached package.

1. Dig the test pits (if required).
2. Design the sewage treatment system.
3. Complete the application form.
4. Submit the following items:
 - ☐ Fee
 - ☐ Completed Application Form
 - ☐ Schedule 1 (Designer) and/or Schedule 2 (licensed installer)
 - ☐ Lot Survey
 - ☐ Soil Analysis of Design Soil or Native Soil

Note: The application will not be processed until items are received in full.

5. Receive the initial inspection
6. Receive the permit.
7. Start work on the system.
8. Request the final inspection.
9. Receive the final inspection.
10. Receive certificate of inspection.



**Northwestern
Health Unit**

www.nwhu.on.ca



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Authorization to Delegate Authority to Submit Sewage System Application

I, _____, am a legal owner of the subject property and have the permission of any other owner(s) to delegate authorization to make application for a sewage system permit. Other owners include (if applicable), _____.

I can be contacted by email _____ or
phone _____.

The person allowed to submit the application on my/our behalf is _____ and
can be contacted by email _____ or phone _____.

The property is described as Property Identification Number (PIN) _____ and/or
Parcel _____ Lot _____ of Plan _____ Other _____.

I/we understand the sizing of a sewage system is dependent on accurate dwelling information,
including proposed modifications/additions to the structures on the property.

Signed _____ Date _____.

Please send this form in, along with your permit, to permits@nwhu.on.ca or provide hard copy to
the Northwestern Health Unit office.

For more information contact:

Chief Building Official

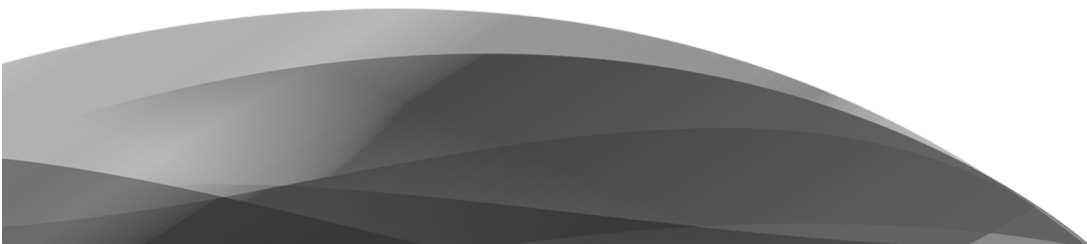
210 First Street North

Kenora, ON P9N 2K4

1-800-830-5978

permits@nwhu.on.ca

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information contact the health unit at 800-830-5978 or see the privacy statement on our web-site at www.nwhu.on.ca.



Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority only

Date Received: _____ Application Number: _____
Amount paid: _____ Receipt #: _____
☐ Cash ☐ Debit ☐ Money Order
☐ Cheque ☐ Visa ☐ MasterCard

NOTE: ALL STARRED* SECTIONS ARE MANDATORY

A. Property Information

*Legal Description (can be found on recent property tax statement)			PIN: (00000-0000)	Township:	
				Municipality:	
*Street/Road Address:	Postal Code:	Plan Number	Roll number/other description		
Project value estimate \$			Area of work (m ²)		

B. 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 <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			*Current use of building		
Description of proposed work					

C. Applicant

Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent of owner					
*Last Name		*First Name:		Corporation or partnership	
*Street Address				Unit Number	Lot/concession
*Municipality	*Postal Code	*Province	*Email		
*Telephone Number	Fax Number		Mobile number		

D. Owner (if different from applicant)

*Last Name		*First Name:		Corporation or partnership	
*Street Address				Unit Number	Lot/concession
*Municipality	*Postal Code	*Province	*Email		
*Telephone Number	Fax Number		Mobile number		



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E. Builder (optional)

Last Name		First Name:		Corporation or partnership		
Street Address					Unit Number	Lot/concession
Municipality		Postal Code	Province	Email		
Telephone Number		Fax Number		Mobile number		

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*? ☐ Yes ☐ No
- ii. Is registration required under the *Ontario New Home Warranties Plan Act*? ☐ Yes ☐ No
- If yes, 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 <i>Building Code Act</i> (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 all required schedules are submitted). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 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 enables 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 _____ declare 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.

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.

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

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 licence, temporary licence, 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 licence to practice, a limited licence to practice, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

NOTE: COMPLETE ALL SECTIONS WHERE POSSIBLE.

A. Project Information				
Building number, street name			Unit no.	Lot/concession
Municipality	Postal Code	Plan number/other description		
B. Sewage System Installer				
Is the installer of the sewage system engaged in the business of construction on-site, installing, repairing, servicing, cleaning, or emptying sewage systems, in accordance with <i>Building Code</i> Article 3.3.1.1. Division C?				
<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/concession
Municipality	Postal Code	Province	Email	
Telephone Number	Fax Number	Mobile 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>(print name)</p> <p>I am the applicant for the permit to construct the sewage system. If the installer is unknown at the time of application, I shall submit a new Schedule 2 prior to construction when the installer becomes known;</p> <p>OR</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"> The information contained in this schedule is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <p>_____ Date _____ Signature of Applicant</p>				

Section 1: Sewage System Specifications – Class 2 Greywater Leaching Pit

A. Proposed Sewage System: ☐ Residential ☐ Commercial

☐ New Installation ☐ Replacement ☐ Alteration ☐ Repair

B. Building Information:

Unpressurized Plumbing Fixtures (include roughed-in plumbing and any proposed future additions)

Description	# Proposed	x	Fixture Unit	=	Count
Sinks/Wash Basins		x		=	
Bathtubs/Shower		x		=	
Total Number of Unpressurized Fixture Units =					

Pressurized Plumbing Fixtures (include roughed-in plumbing and any proposed future additions)

Description	# Proposed	x	Fixture Unit	=	Count
Sinks/Wash Basins		x		=	
Bathtubs/Shower		x		=	
Total Number of Unpressurized Fixture Units =					

Water Supply ☐ Existing ☐ Proposed

☐ Dug well ☐ Drilled well ☐ Surface water ☐ Hauled

C. Design Flow Calculations (Q)

Total Daily Design Flow (Q)	Fixtures	x	Volume (L)	=	Flow (L)
	Number of pressurized fixtures _____	x	200	=	
	Number of non-pressurized fixtures _____	x	150	=	
	Total Flow (cannot exceed 1000 L/Day)			=	

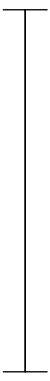
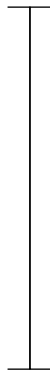
Section 2: Soil Design Criteria and Site Evaluation

A. Percolation Rate and Classification of Native Soil

☐ Laboratory Analysis Report Attached
 ☐ Test on Site (Test Pit)
 ☐ Estimated (USCS)

Date Test Pits dug: _____

Test Pit Information

Test Pit #1 Soil Description (include if you hit bedrock or groundwater table)	Depth (M)	Test Pit #2 Soil Description (include if you hit bedrock or groundwater table)
	0.00 0.00	
	0.25 0.25	
	0.75 0.75	
	1.00 1.00	
	1.25 1.25	
	1.50 1.50	
	1.80 1.80	
<input type="checkbox"/> Groundwater encountered: _____m <input type="checkbox"/> Bedrock encountered: _____m <input type="checkbox"/> Evidence of seasonal groundwater _____m		<input type="checkbox"/> Groundwater encountered: _____m <input type="checkbox"/> Bedrock encountered: _____m <input type="checkbox"/> Evidence of seasonal groundwater _____m

Estimated Percolation Rate of Native Soil

T-Time (min/cm)	Soil Type (Unified Soil Classification System)	
4 – 12	Gravel, sand mix, some fines	GM – Permeable to medium permeable, depending on amount of silt
12 – 50	Clayey gravel, gravel-sand clay mixtures	GC – Important to estimate amount of silt and clay
2 – 12	Gravel, sand mix, some fines	SW – Medium permeability
2 – 8	Gravelly sand, uniform, some fines	SP – Medium permeability
8 – 20	Silty sand/loam mix	SM – Medium to low permeability
12 – 50	Clayey and silty loam mix	SC – Medium to low permeability depending on the amount of clay
20 – 50	Inorganic silts/clayey silts	ML – Medium to low permeability
T = _____ min/cm		

Section 3: Sewage System Design – Class 2 Greywater Leaching Pit

Sidewall Loading Rate

LR = $400/T$

LR = Loading Rate

T = Percolation time of natural soil (Section 2)

LR = _____

Sidewall Area

LR = $400/T$

LR = Loading Rate

T = Percolation time of natural soil (Section 2)

Sidewall Area = _____ m²

Type of Class 1 to be used:

☐ Privy ☐ Composting ☐ Chemical ☐ Electrical ☐ Other: _____

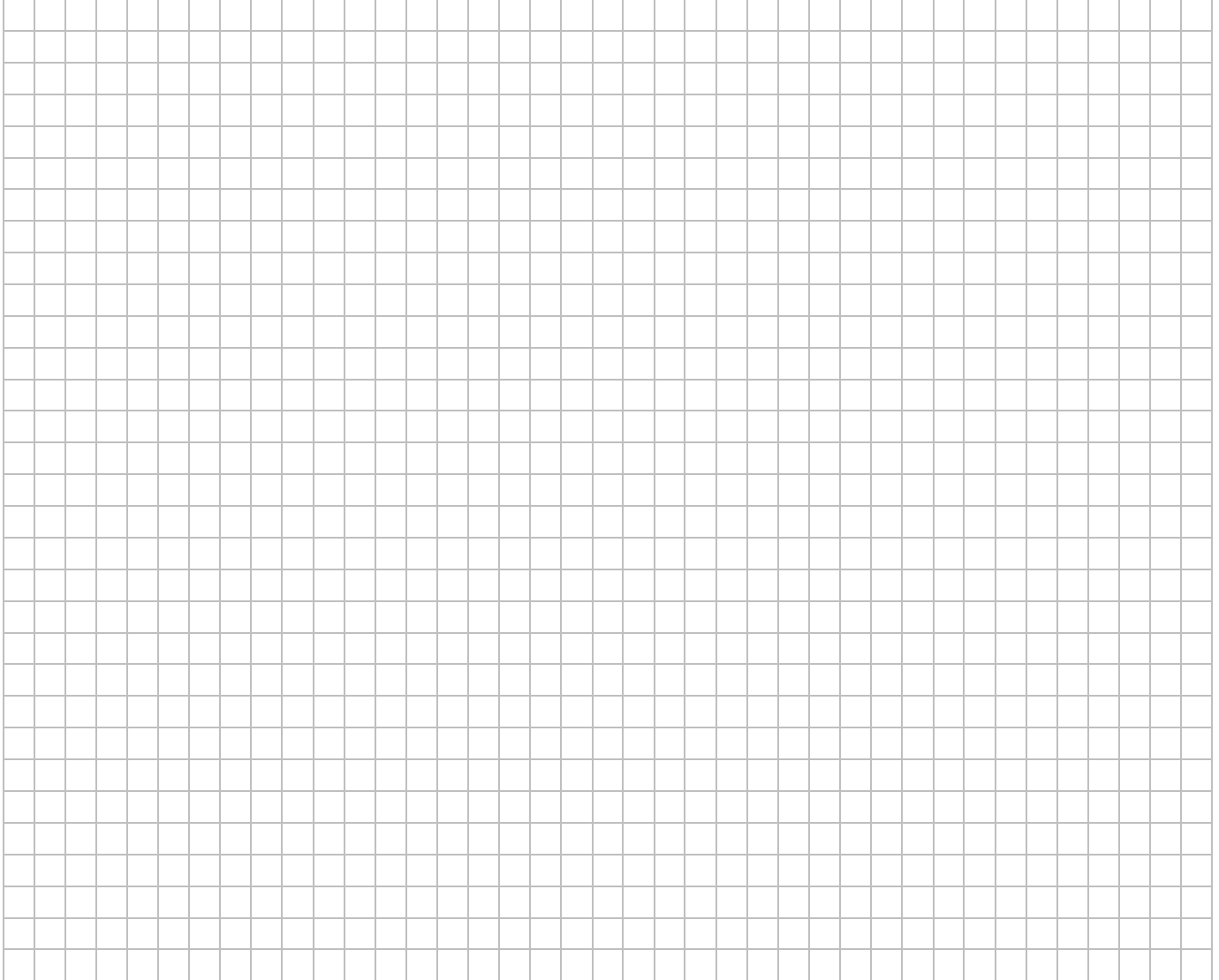
Section 4: Profile Drawings of Class 2 Greywater Leaching Pit

Indicate foundation depth in relation to all components of the sewage system, including references to the groundwater table, bedrock, or solid with a percolation rate greater than 50min/cm. If additional fill is required, please indicate the height above existing grade.



Section 5: Lot Diagram

Drawings must be close to scale and accurately show the entire property with lot size and dimensions including existing or proposed buildings, wells, travelled roadways, test pits, and any existing sewage systems. All important topographical information including: watercourses, lakes, steep embankments, and bedrock outcroppings. Location of the proposed sewage system components on the property, clearance distance between the system and all site features noted above. Include neighbouring wells, if known.



For Office Use Only:

Permit Issuance Constitutes Permission to Construct up to a Substantial Completion.

Additional Requirements:

Permit Issued: _____
Signature of Chief Building Official Part 8 Date