

SEWAGE SYSTEM PERMIT GUIDELINES

	Descriptior	I	Required	Submission Status	Comments		
Applicable Law	County of Simcoe			If applicable			
Appli Lá	Ministry of Transportation			If applicable			
Forms	Building Permit Applica	\checkmark					
	Schedule 1: Designer Information	On-Site Sewage	\checkmark				
	Schedule 2: Sewage System Installer Information		\checkmark				
	Municipal Form 1: S Count	\checkmark					
	7 Municipal Form 2, 3	\checkmark					
Plans	 Site Plan Identify bed and ta Provide dimension clearances Identify surroundin types (including 	~					
	 Cross Section Label imported an including depths Identify existing groups 	~					
Misc.	Letter of Agent	\checkmark		When application is not signed by owner			
	Permit Fee	~		As per Fee By-law Calculated at submission			
F.Y	۰۰ 6 ft. deep	<u>Inspection</u> - 2 test in the bed area. Thi Division <u>prior</u> to revie	is inspection m	ust be undertak			
	Refer to the second secon	ne Home Owner's G	Buide for furthe	r details			
	 2 copies of all plans / documents are required 						
	Plans mu	st be to scale – mi	inimum ¼" = ′	1'			

SEWAGE SYSTEM VERIFICATION GUIDELINES



This application is to verify if the existing septic system is adequate to support the proposed construction.

As per the Ontario Building Code Division B 11.4.2.5

(3) The performance level of an existing dwelling unit is reduced where proposed construction that,

- a) increases number of bedrooms of the dwelling unit,
- b) exceeds 15% of the finished floor area of the dwelling unit, or
- c) adds new plumbing fixtures to the dwelling unit,

will result in the total daily design sanitary sewage flow of the dwelling unit, calculated in a accordance with Division B 8.2.1.3., exceeding the capacity of any component of a sewage system.

Simply put, where your proposed project includes a), b), or c), the septic system is required to be evaluated for compliance to the Code; both the tank and leaching bed are evaluated.

Note: For multi-residential or non-residential projects refer to Division B 11.4.2.5 (1)(2)(4)

See over for commonly asked questions.

What to provide with this application?

Description	Required	Submission Status	Comments				
Building Permit Application	\checkmark		Ensure the description field details the proposed building project				
Municipal Form 5: Sewage System Verification	\checkmark		Enclosed				
Use Permit & As-built drawing of the sewage system from the SCDHU or Township	~		Any documentation you have on your sewage system will be helpful in determining the adequacy of the system for your project				
Concept Plans	\checkmark		Provide floor plans of existing and proposed (hand drawn is acceptable for verification only)				
Permit Fee	\checkmark		As per Fee By-law				
 Refer to the Home Owner's Guide for further details 2 copies of all plans / documents are required Plans must be to scale – minimum ¼" = 1' 							

Commonly asked questions

- Q. What if the septic system is deemed inadequate for my proposed building project?
- A. The project will need to be revised or the septic system will need to be upgraded.
- Q. What if you as the owner nor the Township has any record of the sewage system to review?
- A. Contact a qualified installer to provide the Township with a report detailing:
 - Size and condition of the tank,
 - Size and condition of the existing leaching bed including clearances to buildings and wells.

Note: You will need to expose the top of the tank and corners of the bed.

The report will be used to complete this verification process.

- Q. Can you apply for the building permit at the same time?
- A. Yes, we will accept a complete building permit application package for your construction project but it will not be issued until the sewage system verification is approved <u>**OR**</u> if upgrades required, an approved septic permit issued.

Note: It is recommended that you apply for this septic verification permit at the same time as the Zoning Certificate or as soon as possible. If the sewage system is required to be upgraded it may have cost impacts on your project.

Sewage System Verification

Plumbing Fixtures	Before	After	Occupants and Are	ea Before	After				
Bathroom Group 2pc			Number of bedrooms						
Bathroom Group 3pc			(number of occupants						
Bathroom Group 4pc			Division B 3.17)	determined by bedrooms Division B 3.17)					
Bidet			Number of dwelling ur	nits					
Kitchen sink			(are you creating an	(are you creating an					
Washing machine			apartment or duplex)						
Laundry tub (only if separate drain from washing machine)			Finished floor area						
Other sinks			basements, garages,	Note: Do not include basements, garages,					
Dishwasher (only if separate drain from kitchen sink)			porches, or unheated seasonal sunrooms						
Is there a water softener	that discha	arges its	backwash into the sewage s	ystem?Y()N	()				
Water supply: Communa	al (), dril	led well), dug well (), lake or riv	er (), Other					
Do you have a Use perm	it from SC	DHU or	ownship?Y()N()						
		(ffice Use Only						
			-						
File info Y ()	N() S	Site insp	ction Y () N () Ins	taller report Y () N()				
No. of bedrooms:			No. of bedrooms:						
		<u> </u>	Finished Area:						
T-time:		ose	Plumbing fixtures:						
T-time: Total daily flow	L/da	Aroposed	Total daily flow L/day						
Tank size:		ā	Tank size:	Size Adequate?	Y()N()				
Bed size:			Bed size:	Size Adequate?	Y() N()				
Grant as proposed []	Grant w	ith cond	ions below [] Unable to a	approve (reasons	s below) []				
Signature: Date: Date:									