Township of Wainfleet
31940 Hwy #3, P.O. Box 40
Wainfleet ON L0S 1V0
Phone: (905) 899-3463
Fax: (905) 899-2340
www.wainfleet.ca

INFORMATION FOR SEPTIC PERMIT
Class 4
Part 8 of the Ontario Building Code

DATE: _____

PERMIT #: _____ RECEIPT #: _____

MUNICIPAL ADDRESS OF PROPOSED SYSTEM: _____

OWNER: _____

CONTRACTOR/INSTALLER/HAULER: _____

LOT #: _____ PART LOT #: _____ CONC. #: _____ PLAN #: _____

ROLL #: _____

☐ New Construction ☐ Repair/Alteration

☐ Other: _____

1. Lot Dimensions: _____ Lot Area: _____
2. Use of Building: *Existing:* _____ After Construction: _____
3. Total No. of Dwelling Units in Building: Existing: _____ After Construction: _____
4. Finished Floor Area of Building: Existing: _____ After Construction: _____
5. Number of Bedrooms: Existing: _____ After Construction: _____
6. Fixture Units: Existing: _____ After Construction: _____
7. Indicate Water Supply: ☐ Dug Well ☐ Drilled Well – Well I.D #: _____
   ☐ Cistern ☐ Communal
8. Indicate number of plumbing fixture units within building served by sewage system: _____
9. Total daily design sanitary sewage flow _____ litres/day
10. Site Evaluation

    Prepared by: _____ Telephone #: _____ Fax #: _____

    Address: _____

    Signature: _____

    Date of Evaluation: _____

Revised January 2016

Depth to Bedrock/Hardpan: _____ Depth to Zone of Soil Saturation (water table): _____

Description of Native Soil: _____ Soil Permeability Test: _____

11. Description of sewage system: _____

Class 4:	☐ Absorption Trenches	☐ In ground	☐ Raised
	☐ Filter Bed	☐ In ground	☐ Raised
	☐ Type A Bed	☐ In ground	☐ Raised
	☐ Type B Bed	☐ In ground	☐ Raised
	☐ Shallow Buried Trenches	☐ In ground	☐ Raised

12. Description for Means of Detection _____

13. Description of Treatment Unit(s): _____

☐ Septic Tank – Manufacturer and Model: _____

☐ Other – Manufacturer and Model: _____

14. Description of Effluent Filter – Manufacturer and Model: _____

15. Description of Pump: _____

Head: _____ Run: _____ HP: _____

☐ Signed maintenance agreement with homeowner and manufacturer approved maintenance provider attached to this application if Level IV tertiary septic proposed

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SEWAGE SYSTEM CALCULATIONS

TEST HOLES SHALL BE FIVE FEET DEEP, OR TO BEDROCK OR WATER TABLE

TEST HOLE - Sub-surface conditions encountered	Rock & G.W.T.	Depth (m)	*Soil Type*	"T" Time
		- 0 -		
		-0.25-		
		-0.50 -		
		-0.75-		
		-1.00-		
		-1.25-		
		-1.50-		

Q	=	**Total Daily Sewage Flow in Litres**
L	=	**Length of Distribution Pipe in Metres**
T	=	**Percolation Time of Soil**

SEPTIC TANK SIZE = Working Capacity of Septic Tank

Size	=	**Q X 2**		
	=	___ **X 2**	=	_____ **Litres**
Non-Residential	=	___ **X 3**	=	_____ **Litres**

***Note: In NO case shall the working capacity of septic tank be less than* 3,600 litres**

Use of Existing Tank:	New C.S.A. Standard:	Treatment Unit Other than Septic Tank:	Working Capacity:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	Litres
Pump Required: ☐ Yes ☐ No			

ABSORPTION TRENCHES = Length of Distribution Pipe (for systems with septic tank)

L	=	$\frac{Q \times T}{200}$ **OR** $\frac{Q \times T}{300}$ **(If receiving effluent from a Level II,III, or IV treatment unit)**		
	=	_____ **X** _____ **÷ 200** _____ **X** _____ **÷ 300**	=	_____ **Metres**

Note: The total length of distribution pipe shall not be less than 40 metres
Fill Material Loading Rate Area requirements (unsaturated suitable soil in area of bed and mantle)

$\frac{Q}{\text{As per loading rate in Table 8.7.3.1.}}$	=	_____	=	_____ **Sq. Metres**

FILTER BED = Size of Filter Medium Required			
If Q is 3,000 litres or less =	Q ÷ 75	=	_____ Sq. Metres
If Q is more than 3,000 litres =	Q ÷ 50	=	_____ Sq. Metres
If TERTIARY system is used =	Q ÷ 100	=	_____ Sq. Metres

Base of Filter Medium - shall extend to a thickness of 250 mm over the following area:

AREA	=	$\frac{Q \times T}{850}$		
		$\frac{X}{850}$	=	_____ Sq. Metres

Note: "T" is the Percolation Time of the underlying Native Soil
Fill Material Loading Rate Area requirements (unsaturated suitable soil in area of bed and mantle)

$\frac{Q}{\text{As per loading rate in Table 8.7.4.1}}$	=	_____	=	_____ Sq. Metres

TERTIARY DESIGN - Type A Dispersal Bed

PROOF OF APPROVED FILTER MATERIAL MUST BE PROVIDED PRIOR TO FINAL INSPECTION

If Q is 3,000 litres or less	L	Q ÷ 75	=	
If Q is 3,000 litres or more	L	Q ÷ 50	=	

Sand Area: **Underlying Soil Percolation Time <15min:** $\frac{Q \times T}{850}$ $\frac{X}{850}$ = **(May use lesser of stone area or above formula)**	OR	**Sand Area:** **Underlying Soil Percolation Time >15min:** $\frac{Q \times T}{400}$ $\frac{X}{400}$ = **(Shall extend 15 m minimum in direction of effluent flow)**

TERTIARY DESIGN - Type B Dispersal Bed

Soil with Percolation Time T > 24min/cm	L	Q ÷ 40	=	
Soil with Percolation Time T < 24min/cm	L	Q ÷ 50	=	
Sand Area: **Minimum Area calculated by using Table 2-8 of the BCMOH, "Sewerage System Standard Practice Manual" OR**	A	$\frac{Q \times T}{400}$	=	

SHALLOW BURIED TRENCHES – LENGTH OF DISTRIBUTION (L)						
In soil < 1 - < 20 minutes	L =	$\frac{Q}{75}$	=	_____	=	_____ Metres
In soil 20 – 50 minutes	L =	$\frac{Q}{50}$	=	_____	=	_____ Metres
In soil 50 – 125 minutes	L =	$\frac{Q}{30}$	=	_____	=	_____ Metres
(Total Length of pipe shall not be less than 30 metres and "T" time of soil "T" time NOT to exceed 125 minutes)						

Minimum Clearance Distance Measurements

Clearance Distances for Treatment Units		
Object	Minimum Clearance (m)	Actual Distance
[1]Structure	1.5	
[2]Well	15	
Lake	15	
Pond	15	
Reservoir	15	
River	15	
Spring	15	
Stream	15	
Property Line	3	

1. *Include all applicable structures including neighbouring structures if required.*
2. *Include all applicable wells including neighbouring wells if required.*

Clearance Distances for Distribution Piping		
Object	Minimum Clearance (m)	Actual Distance
[1]Structure	5	
[2]Well with a watertight casing to a depth of at least 6 m	15	
[2]Any other well	30	
Lake	15	
Pond	15	
Reservoir	15	
River	15	
Spring not used as a source of potable water	15	
Stream	15	
Property Line	3	

1. *Include all applicable structures including neighbouring structures if required.*
2. *Include all applicable wells including neighbouring wells if required.*

**NOTE: For objects that do not apply to the specific site, write "N/A" in field measurement column*

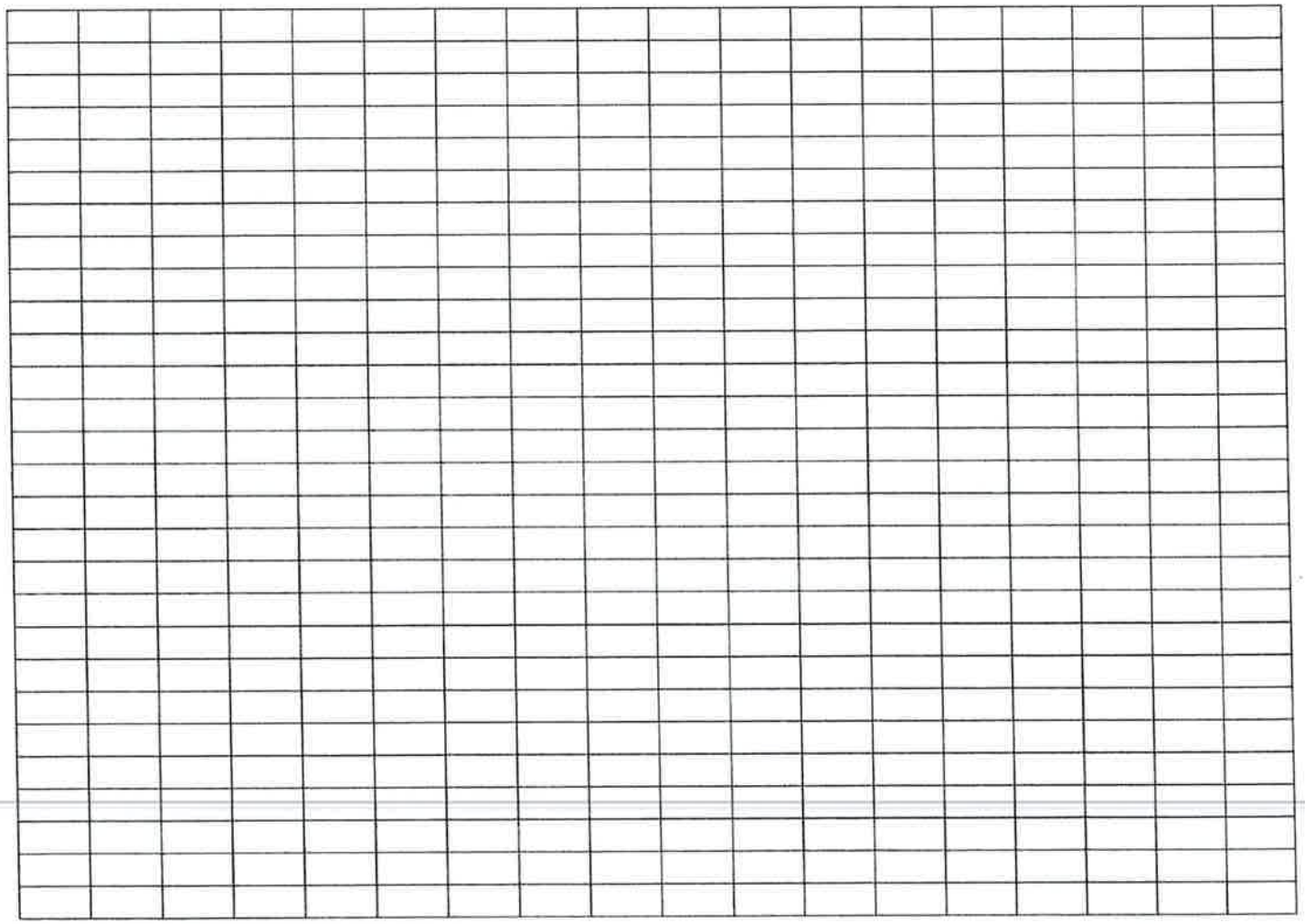
SEWAGE SYSTEM DESIGN – SITE PLAN

Owner: _____

Address: _____
(Street) **(City/Town/Twp)** **(Postal Code)**

Designer: _____

- Outline property with all dimensions – include setbacks from existing/proposed dwelling and bed area, property line, all structures, wells and cisterns (including neighbours), water courses/wetland areas.
- Include details of sewage system (dimensions of bed/mantle, tank location(s), pump chamber).
- Include cross-section design for raised systems – indicate existing grade, depth of material.
- Indicate existing or proposed driveways, easements, right-of-ways, drainage patterns.
- Measurements must be in metric and to scale.



Three Stages of Inspections Required:

1) Prior to construction, grading and scarifying before addition of fill.
2) Inspection of fill prior to backfilling (proof of approved fill material to be submitted).
3) Final grading – filter bed systems require topsoil on top and sides and bed to be sodded/seeded prior to issuance of Use Permit.

ANY CHANGES TO APPROVED DESIGNS MUST BE REVIEWED AND APPROVED BY THE TOWNSHIP OF WAINFLEET PRIVATE SEWAGE SYSTEM REGULATING DEPARTMENT PRIOR TO CONSTRUCTION.

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"Wainfleet - find your country side!"

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Authorized Agent Authorization Form

Application Number (Office Use Only)

A. Project Information

Building number, street name	Unit number	Lot/con.

B. Party to be Authorized

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ( )	Fax ( )		Cell number ( )

C. Declaration of Owner

I the undersigned, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to the Township of Wainfleet in accordance with the applicable requirements of the Ontario Building Code.

Name:	Signature	Date:

The Ontario Building Code states that "owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession".

Personal information contained in this form 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 the Chief Building Official of the Township of Wainfleet.