

# Municipality of Brockton

100 Scott St, PO Box 68, Walkerton, ON N0G 2V0

# Application for a Septic System

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received:		Roll number:	
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)			
A. Project information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	
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		Current use of building	
Description of proposed work			
C. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
D. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	

<b>E. Builder (optional)</b>				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
Telephone number (     )		Fax (     )		Cell number (     )
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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
<b>I. Declaration of applicant</b>				
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.				
_____		_____		
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.

## Schedule 1: Designer Information

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

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (     )	Fax number (     )	Cell number (     )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
I _____ declare that (choose one as appropriate):			
(print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.			
Individual BCIN: _____			
Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.			
Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have submitted this application with the knowledge and consent of the firm.			
_____		_____	
Date		Signature of Designer	

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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 license, temporary license, 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 license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
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 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)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><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;</p> <p><u>OR</u></p> <p><input type="checkbox"/> 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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature of applicant</span> </p>			

## Schedule 3: Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T – Time)		
Percolation Rate of Design Soil T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached

Note: The Municipality of Brockton requires documented laboratory reports verifying percolation rate for all soils proposed to be used in a septic bed.

B. Percolation Rate and Classification of Native Soil					
<input type="checkbox"/> Laboratory Analysis (Attached Report)		<input type="checkbox"/> Test on Site (Test Pit)		<input type="checkbox"/> Estimated (Unified System)	
TEST PIT SOIL DATA					
TEST PIT #1			TEST PIT #2		
Rock or Ground Water Table	Depth (metres)	Description of Soil	Rock or Ground Water Table	Depth (metres)	Description of Soil
	-0-			-0-	
	-0.25-			-0.25-	
	-0.50-			-0.50-	
	-0.75-			-0.75-	
	-1.00-			-1.00-	
	-1.25-			-1.25-	
	-1.50-			-1.50-	
	-1.80-			-1.80-	
Depth to Groundwater	_____m		Depth to Groundwater	_____m	
Seasonal High Groundwater	_____m		Seasonal High Groundwater	_____m	
Depth to Bedrock	_____m		Depth to Bedrock	_____m	

For fill based beds and mantle, attach gradation test report for the material proposed to be used in addition to the report for the existing native soil.

Table 8.2.1.3.A

**C. Septic System Design Flow**

**Design Criteria:**

- Total Finished area: \_\_\_\_\_
- Number of Bedrooms: \_\_\_\_\_
- Fixture Units (O.B.C. Table 7.4.9.3):

Description			Number	Fixture Units
Bathroom Group				
Watercloset (with flush tank)	6	X	_____	_____
Watercloset (with direct flush)	8	X	_____	_____
Urinal (wall hung)	3	X	_____	_____
Domestic Sink	1 ½	X	_____	_____
Shower (one head)	1 ½	X	_____	_____
Bathtub (with or without shower)	1 ½	X	_____	_____
Laundry Tub	1 ½	X	_____	_____
Clothes Washer (domestic)	1 ½	X	_____	_____
Dishwasher	1 ½	X	_____	_____
<i>Additional items (not listed above)</i>				
_____			_____	_____
_____			_____	_____
_____			_____	_____
Total Fixture Units _____				

**Residential Occupancy**

Forming Part of Sentence 8.2.1.3.(1)

Dwellings	
(a) 1 bedroom dwelling	750
(b) 2 bedroom dwelling	1100
(c) 3 bedroom dwelling	1600
(d) 4 bedroom dwelling	2000
(e) 5 bedroom dwelling	2500
(f) Additional flow for <sup>2</sup>	
i) Each bedroom over 5.	500
ii) A) each 10m <sup>2</sup> (or part of it) over 200m <sup>2</sup> up to 400m <sup>2</sup>	100
B) each 10m <sup>2</sup> (or part of it) over 400m <sup>2</sup> up to 600m <sup>2</sup> , and	75
C) each 10m <sup>2</sup> (or part of it) over 600m <sup>2</sup> , or	50
iii) each fixture unit over 20 fixtures units	50

**Sewage System Design Flow (O.B.C. 8.2.1.3 – Tables 8.2.1.3.A & B):**

Calculations:

**Q - \_\_\_\_\_ litres per day.**

## D. System Design

### Treatment Unit:

Septic Tank to conform to O.B.C. 8.2.2.2. Tanks and O.B.C. 8.2.2.3 Septic Tanks

Minimum tank is larger of 2 X Residential Design Flow or 3 X non-residential design flow or 3600 L or provide BMEC approval documentation for other treatment units.

Calculations:

Size: \_\_\_\_\_ litres or \_\_\_\_\_ imp. gal.

### Absorption Trench Construction:

General description: (e.g. pipe and stone or model of chambers etc.)

Length of Distribution Pipe – formula from O.B.C. 8.7.3.1:  $L = \frac{QT}{200}$

\_\_\_\_\_ L = \_\_\_\_\_ m (\_\_\_\_\_ ft.)

Propose using \_\_\_\_\_ runs X \_\_\_\_\_ m (\_\_\_\_\_ ft.) = \_\_\_\_\_ m (\_\_\_\_\_ ft.)

Proposed spacing of runs \_\_\_\_\_ m

### For Fill Based Absorption trenches (O.B.C. 8.7.4)

15 m mantle required in any direction the effluent will flow horizontally (O.B.C. 8.7.4.2 (1)(b)).

All side slopes to be no greater than 1 unit vertically to 4 units horizontally (O.B.C. 8.7.4.2 (8)).

Minimum clearances to be increased by (O.B.C. 8.7.4.2.(9)). The distances as set out in Column 2 of Table 8,2,1,6, B) shall be increased by twice the height that the leaching bed is raised above the original grade.

If leaching bed is being dosed by pump (>150 m)

Dosing Volume = \_\_\_\_\_ Litres

High Float Elev = \_\_\_\_\_ Cm Above Tank Bottom

Low Float Elev = \_\_\_\_\_ Cm Above Tank Bottom

Pump Model = \_\_\_\_\_

**Table 8.2.1.6.A**  
**Minimum Clearances for Treatment Units**  
**Forming Part of Sentence 8.2.1.6.(1)**

Object	Minimum Clearance, m
Structure	1.5
Well	15
Lake	15
Pond	15
Reservoir	15
River	15
Spring	15
Stream	15
Property Line	3
Column 1	2

**Table 8.2.1.6.B**  
**Minimum Clearances for Distribution Piping**  
**Forming Part of Sentence 8.2.1.6.(2)**

Object	Minimum Clearance, m
Structure	5
Well with a watertight casing to a depth of 6 m	15
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
Column 1	2

Loading rate for filter bed = L.R. per OBC 8.7.5.2. = \_\_\_\_\_ L/m<sup>2</sup>/day

Loading Area for filter  $A = \frac{QT}{75} =$  \_\_\_\_\_ m<sup>2</sup>

Expanded Contact Area Of Filter =  $\frac{QT}{850}$  \_\_\_\_\_ m<sup>2</sup>

Base area per loading rate OBC 8.7.4.1.  $A = Q/L.R.$  \_\_\_\_\_ m<sup>2</sup>

Source/Supplier of Filter Media \_\_\_\_\_ (Attach graduation chart)

**Table 8.7.4.1.A.**  
**Loading Rates for Fill Based Absorption Trenches and Filter Beds**  
 Forming Part of Sentences 8.7.4.1.(1) and 8.7.5.2.(2)

Percolation Time (T) of Soil, min.cm	L.R. Loading Rates, (L/m <sup>2</sup> )/day
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4
Column 1	2

For other OBC approved treatment units listed in OBC SB-5 please specify the unit make and model plus attach a copy of the approval documentation to support the design of the system.



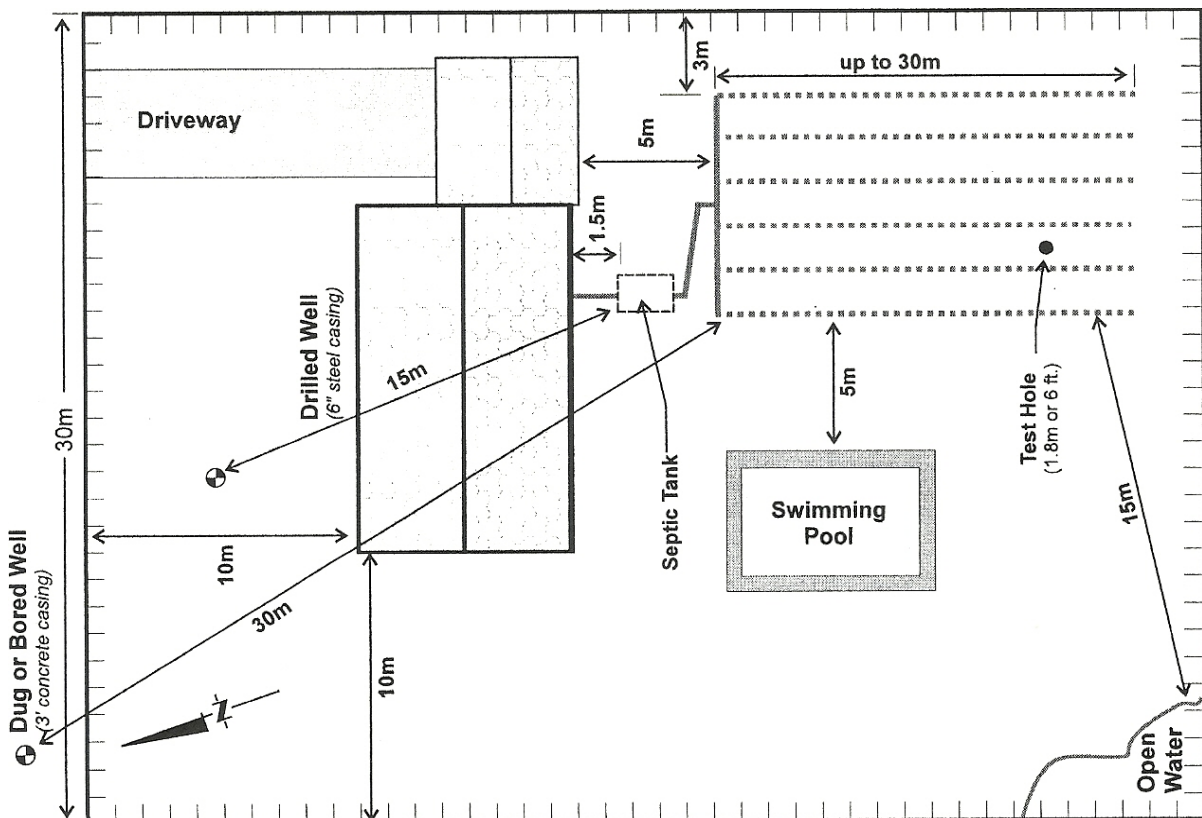
## E. Site Plan Requirements

As part of your application you are required to provide a site plan which must be an accurate scaled or proportioned drawing. This diagram must be completed in detail and be presented as part of your application.

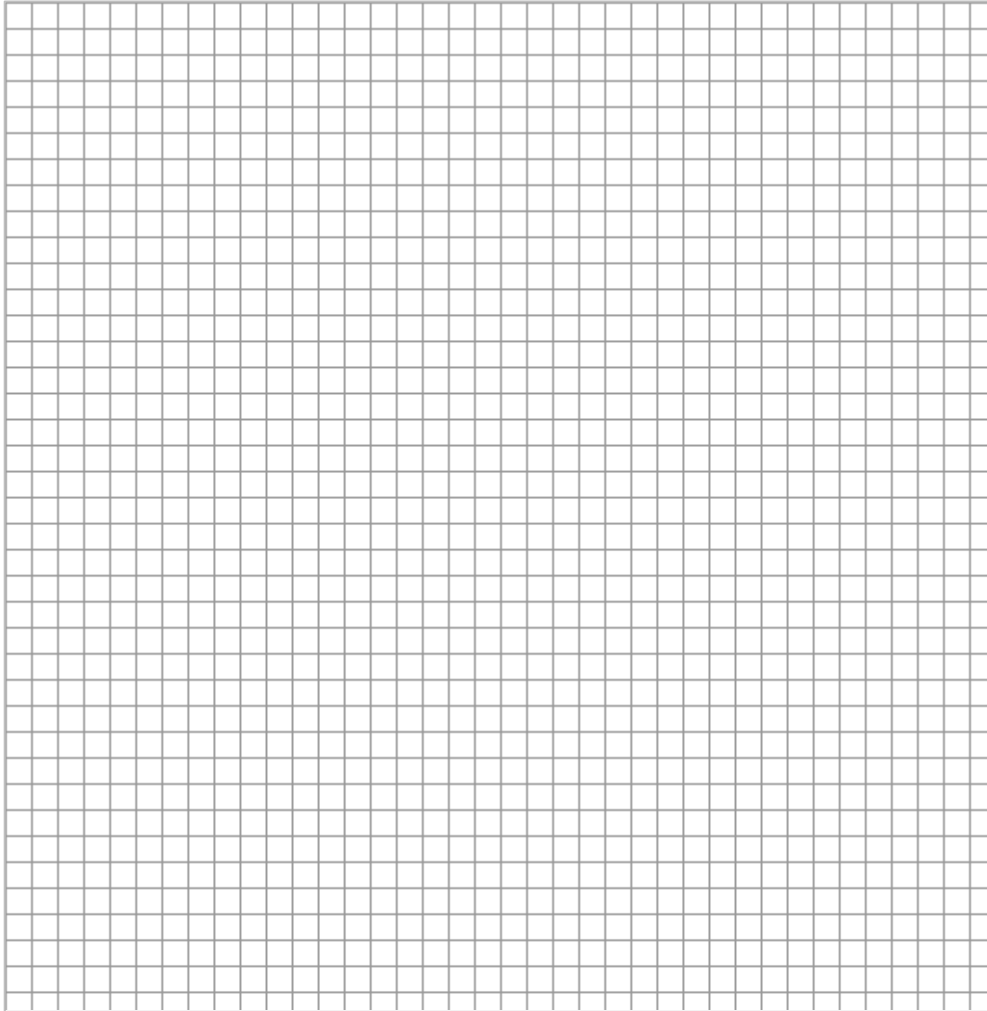
### Site Plan and Typical Section – please attach copy with the following information:

- Date site evaluation was completed
- Name, address, telephone number of Owner and Designer
- Legal description of property, property lines and easements
- Show utility corridors (as applicable).
- Proposed location of sewage system
- Location of items in Column 1 of Tables 8.2.1.6.A & B
- Location of any unsuitable, disturbed or compacted areas.
- Access route for tank maintenance
- Depth to bedrock, high water table or unacceptable soil
- List soil properties and conditions
- Outline any potential for flooding (as applicable)

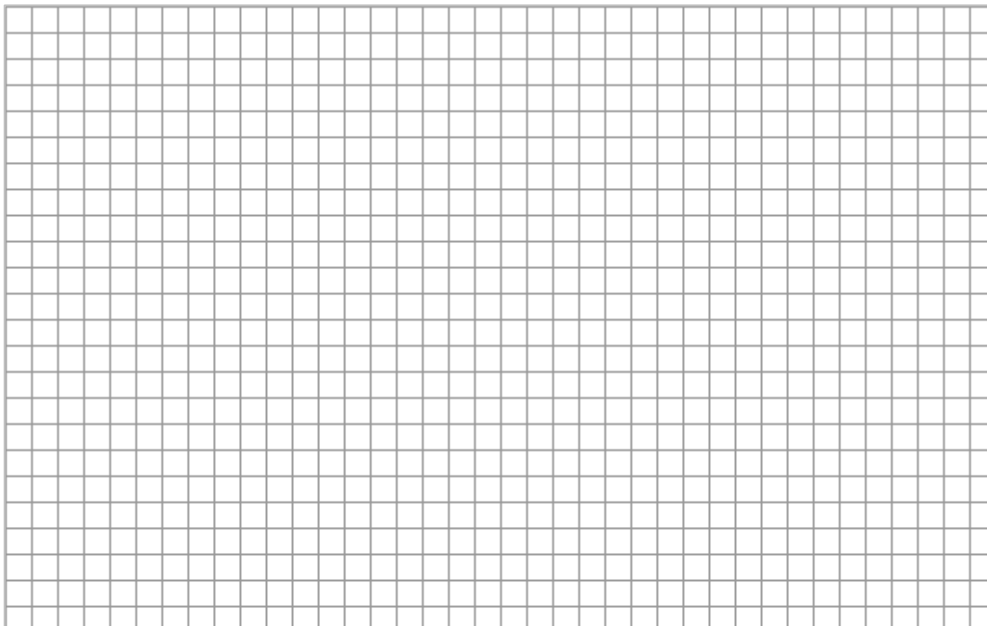
### Typical Site Plan Drawing



**Sewage System Site Plan**



**Sewage System Cross Section (house,tank and tile bed elevations with existing and proposed grades)**



**Inspector's Comments** \_\_\_\_\_

Fees Effective January 1, 2020

Class 2	-	Grey Water Pit	\$300.00
Class 3	-	Cesspool	\$300.00
Class 4	-	New or replacement	\$600.00
Class 4	-	Tank replacement only	\$400.00
Class 4	-	Leaching Bed repair	\$400.00
Class 5	-	New or Repair	\$600.00

**Permit Fee \$** \_\_\_\_\_

Brockton, Ontario      Approval Granted On \_\_\_\_\_, 20\_\_

Approved By \_\_\_\_\_  
Signature CBO or Inspector