



THE MUNICIPALITY OF CENTRAL ELGIN

**PROCEDURES FOR OBTAINING A SEWAGE SYSTEM PERMIT**

You may wish to review Part 8 of the Ontario Building Code or ask a licensed Sewage System Installer for help in completing the plan and application package.

- 1) Approval in writing from the Municipality of Central Elgin is required for:
  - a. The installation of a private sewage disposal system
  - b. Modification to OR upgrading of sewage disposal system
  - c. Any work that may affect OR may require a sewage disposal system
- 2) Fill in the appropriate forms completely. Attach any floor plans or plans of survey.  
**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**
- 3) Grain Size Analysis report done by a qualified Engineer (inspection required)
- 4) The applicant will be notified when a Sewage System Permit is granted
- 5) The Municipality of Central Elgin will normally inspect:
  - a. Test holes after they are dug, but before any site preparation is started (unless engineers report is submitted)
  - b. Prepared site, graded and scarified, but before any fill is placed, AND/OR
  - c. Completed installation, all components installed and visible for inspection prior to backfilling, AND
  - d. Finished job, all backfilling, grading, swales and top soil or sod in place.
- 6) Once the completed system has been inspected and the location of the installed water supply and building has been verified, the sewage system may be used.

As of August 22, 2016, By-Law 2029, being a by-law respecting the implementation of the Building Code Act, S.O. 1992, c.23. AND cited as the "Building Permit By-Law":

9.11 **Building Permit Security Deposit:** With respect to the issuance of a building permit, a refundable security deposit will be paid to the Municipality to ensure total completion of work authorized by the permit. The amount will be based on five (5) percent of the permit value to a maximum of \$1000.00. The deposit will be held without interest until completion certificate is issued. The deposit will be returned in full, less any additional required inspection fees. If an extension for completion of the permitted work is not requested in writing and granted, then the deposit will be forfeited at the end of one year after the date of issuance of the permit. The fee contemplated by this section shall be forfeited in full if the building for which the permit was issued has been occupied prior to the issuance of a completion certificate.



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A septic system must be kept away from wells, water courses, buildings and lot lines. To know if your plan leaves enough room for the septic system, your inspector needs the information from the list below; please use it as a guide to draw your site plan

### **AN ACCURATE SITE PLAN AND CROSS SECTION MUST BE INCLUDED WITH YOUR APPLICATION.**

- Draw the plan to scale and make sure that all measurements are marked
- Draw the lot lines and mark their length
- Mark the name of the street or road your property is located on
- Show all existing buildings on your lot
- Show all proposed buildings on your lot
- Draw in any foundation drain discharge lines
- Measure the distance from each building to the front and rear lot line and to side lot line. Mark these measurements on the drawing
- Show existing and proposed wells on your lot. Show any neighboring wells within 100ft of your lot lines
- Measure each well location the same way the building were located. Mark measurements on the drawing
- Show streams, ponds, drainage channels or other water courses within 100ft of your property lines. Mark the distances on the plan
- Draw the proposed sewage disposal system with dimensions and setback measurements
- Draw your driveway location
- Show any easements or right-of-ways on the property

Call the Municipality of Central Elgin at 519-631-4860 ext. 248 when the test holes have been dug about 40ft. apart in the leaching bed area (backhoe dug holes are required).

**NOTE: A SEPTIC SYSTEM MAY BE INSTALLED ONLY BY THE OWNER OR BY AN INSTALLER CURRENTLY LICENSED BY THE MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING.**

# Application for a Permit to Construct or Demolish

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

<b>For use by Principal Authority</b>			
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)			
<b>A. Project information</b>			
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>B. Purpose of application</b>			
<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			
<b>C. Applicant</b> 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 (    )	
<b>D. Owner (if different from applicant)</b>			
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 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>			
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;			
<b>OR</b>			
<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.			
I certify that:			
1. The information contained in this schedule 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	



THE MUNICIPALITY OF CENTRAL ELGIN

LOT GRADING EXEMPTION FORM

NAME OF PROPERTY OWNER: \_\_\_\_\_ PERMIT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

SKETCH OR PLAN (INDICATE LOCATION OF PROPOSED WORK) MUNICIPAL DRAIN ON PROPERTY: Y/ N NAME: \_\_\_\_\_



INDICATE NORTH

On the approval of this exemption you are hereby advised that you will be responsible for any flooding or drainage disputes which may arise as a result of this construction.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CINDY VERMEER DATE  
SENIOR ENGINEERING TECHNOLOGIST



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**TYPE OF SEWAGE SYSTEM PERMIT APPLICATION**

I am applying for: (please check one)

  


**A NEW SYSTEM** (no system exists to date on this property, or the existing system is to be completely replaced with a new system)

**A REPAIR / ALTERATION TO AN EXISTING SYSTEM** (a system exists and is in use on the property that requires repair or alteration in order to comply with maintenance requirements of Part 8 of the OBC)

**DESIGN INFORMATION**

Determination of Design Flow

Residential

Commercial, Industrial OR Institutional

**Number and Type of Fixtures Served by the Proposed System** (Including all fixtures in out-buildings and basements connect to the Proposed System)

Toilets		x4	FU's
Lavatory (hand sink)		x4	FU's
Showers and/or Tubs and/or Combination tub showers		x4	FU's
Floor Drains		x4	FU's
Dishwashers, Washing Machines, etc.		x4	FU's
Other:		x4	FU's
<b>For Commercial, Industrial and Institutional Uses Only</b>			FU's
Type of Building:			
Method of Calculation for Daily Flow Rate:			
Other Types of Plumbing Fixtures not otherwise listed:			
<b>TOTAL</b>		<b>TOTAL</b>	

**Number of Bedrooms Served by the Proposed System ONLY)**

**(OFFICE USE**

Existing (if any):	Proposed (if new bedrooms added):	Total:	Assigned Flow Rate:
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**Square Footage of Finished Building** (excluding basements and garages)

**(OFFICE USE ONLY)**

Existing (if any):	Proposed (new houses or additions):	Total:	Assigned Flow Rate:
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**OFFICE USE ONLY**

Bedroom Calculation:	+	Plumbing Fixture Units > 20:	OR	Total Assigned SQ. Ft > 200m <sup>2</sup>	=	Total Daily Designed Sanitary Sewage Flow:
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**Site Information**

Water Supply (Please Select One)		Type of Native Subsoil and Subsoil Conditions	
Municipal (Town Water)		Est. Percolation Rate ("T" - Time)	min/cm
Dug Well (2'-3' Conc Casing)		Soil Type(s):	
Drilled Well (Steel 6" Casing)		Depth to Water Saturation (High Water Table):	
Shallow Point Well (Sand Point)		Engineers Report OR Sieve Analysis Report #:	

**Bed Configuration Detail**

Distance from Proposed Septic Distribution Lines to: (Mark N/A if not applicable)		Are there any of the following items on or adjacent to the Property on which the Septic System is proposed? (If "yes" please provide documentation)	
Lakes, Rivers, Streams, Ponds, etc.	(m)(ft)	Right of Ways or Shared Access Easements	Y / N
Closest Adjacent Well (on the property or off)	(m)(ft)	Drainage Easements or Municipal Drains	Y / N
Adjacent Buildings	(m)(ft)	Service Easements or Land Use Agreements	Y / N

Types of Distribution System (Please Select One)		Septic Tank Size and Type	Pump and Pump Chamber Required?
Raised Filter Bed		(Existing) OR (New)  Size: _____ (L)  Type (Concrete or PVC): _____	(Yes) OR (No)  Size: _____ (L)  Type (Concrete or PVC)
Raised Leaching Bed (Tiled or Chambered)			
In Ground, Trenched (Tiled or Chambered Bed)			
Tertiary Treatment Unit Type Area Bed			
Tertiary Treatment with Shallow Buried Trenches			

**Please fill out the appropriate calculation sheet (attached)**

**CLASS 4 FILTER BED**

1. The plumbing will be high enough to allow gravity flow, otherwise a pump and pump chamber that is sized to deliver \_\_\_\_\_ litres per 15 min. cycle will be installed.
2. "T" of original controlling soil layer \_\_\_\_\_ min. /cm
3. Total "fixture units" value for all dwelling units: \_\_\_\_\_.
4. Total number of bedrooms in all dwelling units: \_\_\_\_\_.
5. Total finish floor area in all dwelling units: \_\_\_\_\_sq. meters.
6. Total daily design sanitary sewage flow: \_\_\_\_\_ litres per day.
7. Minimum septic tank size \_\_\_\_\_ liters, or a treatment unit appropriately sized, meeting the requirements of sec. 8.6.2.2 of the Ontario Building Code.

8. Calculations:

A-is the area in square meters soil  
the daily design sanitary sewage flow in litres

T-is the percolation time of the underlying Q-is

Filter Bed Area (less than 3000L)

$$A = \frac{Q}{75}$$

$$A = \frac{\quad}{75}$$

$$A = \underline{\quad}$$

Contact area

$$A = \frac{Q \times T}{850}$$

$$A = \frac{x}{850}$$

$$A = \underline{\quad}$$

Filter Bed Area (more than 3000L)

$$A = \frac{Q}{50}$$

$$A = \frac{\quad}{50}$$

$$A = \underline{\quad}$$

Loading Requirements (raised bed)

$$A = \frac{Q}{4}$$

$$A = \frac{\quad}{4}$$

$$A = \underline{\quad}$$

Minimum Effective Surface Area \_\_\_\_\_m2 of filter medium

Minimum Base Area \_\_\_\_\_m2 of filter medium

Minimum Leaching Bed Fill Area \_\_\_\_\_m2 of leaching bed fill

9. Benchmark established as \_\_\_\_\_.
10. Leaching bed fill area will be excavated to a maximum depth of \_\_\_\_\_mm.  
above / below benchmark / highest existing grade before the site was disturbed. Base will be graded and scarified.
11. Owner or Licensed installer will call Building Department for inspection of:
  - Test holes after they are dug, but before any site preparation is started.
  - Completed installation, all components installed and visible for inspection prior to backfilling.
  - Final inspection. Grading complete.  
Top soil, seed/sod and grade to shed water/swales installed.
12. Final inspection, Grading complete  
BMEC Authorization # \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_



### CLASS 4 TRENCH BED SYSTEM

1. The plumbing will be high enough to allow gravity flow, otherwise a pump and pump chamber that is sized to deliver \_\_\_\_\_ litres per 15 min. cycle will be installed between the septic/tank treatment unit and the leaching bed.
2. "T" of original controlling soil layer \_\_\_\_\_ min. /cm
3. Total "fixture units" value for all dwelling units: \_\_\_\_\_.
4. Total number of bedrooms in all dwelling units: \_\_\_\_\_.
5. Total finish floor area in all dwelling units: \_\_\_\_\_ sq. meters.
6. Total daily design sanitary sewage flow: \_\_\_\_\_ litres per day.
7. Minimum septic tank size \_\_\_\_\_ liters, or a treatment unit appropriately sized, meeting the requirements of sec. 8.6.2.2 of the Ontario Building Code.

8. Calculations:

T-is the percolation time of the underlying soil

A-is the area in square meters

Q-is the daily design sanitary sewage flow in litres

L-total length of distribution pipes

Length of distribution pipe

$$L = \frac{QT}{200}$$

$$L = \frac{\quad}{200}$$

$$L = \frac{\quad}{\quad}$$

Loading requirements (raised bed)

$$A = \frac{Q}{\quad}$$

loading rate of soil L/m<sup>2</sup>

$$A = \frac{\quad}{\quad}$$

$$A = \frac{\quad}{\quad}$$

9. Benchmark established as \_\_\_\_\_.
10. Leaching bed fill area of minimum \_\_\_\_\_ m<sup>2</sup> will be excavated to the maximum depth of \_\_\_\_\_ mm above / below benchmark / highest existing grade before the site was disturbed. Base will be graded and scarified.

Will deposit a minimum 250mm depth of leaching bed fill with a 't' no less than \_\_\_\_\_ min./cm

Will deposit a minimum \_\_\_\_\_ mm of suitable granular fill with a 't' of \_\_\_\_\_ min./cm plus perimeter over the leaching bed fill. Trenches excavated maximum 300mm deep into this fill. Stone deposited and distribution pipe laid into trenches.

11. Owner or Licensed installer will call Building Department for inspection of:
  - Test holes after they are dug, but before any site preparation is started.
  - Completed installation, all components installed and visible for inspection prior to backfilling.
  - Final inspection. Grading complete.  
Top soil, seed/sod and grade to shed water/swales installed.
12. Final inspection, Grading complete

BMEC Authorization # \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_