



TOWNSHIP OF WAINFLEET

31940 Highway #3, P.O. Box 40, Wainfleet, ON L0S 1V0
Tel: 905-899-3463 • Fax: 905-899-2340 • www.wainfleet.ca

Leaching Bed Replacement Permit Application

INSTRUCTIONS FOR COMPLETION

Incomplete applications will **NOT** be processed. Accepted applications must include the following completed forms:

- Provincial Forms: Application to Construct or Demolish, Schedule 1-Designer & Schedule 2-Installer information**
- Information For Septic Permit Worksheet (building and property information)**
- Sewage System Calculation Sheet**
- Lot Grading Plan (if required)**
- Service & Maintenance Agreement for any Tertiary (Level IV) Installations**
- Septic Design Site Plan and Cross Section**

NOTE: The permit application will be held for processing until the required fee¹ is paid:
(1. Fees current as of Mar 1, 2016)

- | | |
|--------------------------------|------------|
| • New System | \$1,050.00 |
| • Holding Tank | \$1,050.00 |
| • Replacement Septic Tank Only | \$ 600.00 |
| • Leaching Bed Repair Only | \$ 575.00 |

Additional Information

- Owner information (mailing address and contact number) must be completed in full.
- If you (installer) are completing the application, you are considered to be the *applicant/authorized agent* of the owner.
- Designer must be licensed and registered with an up-to-date BCIN number with the Ministry of Municipal Affairs and Housing.
- Proposed Tertiary Installations must include a copy of the Service & Maintenance Agreement between the owner and authorized service provider at the **time the application is submitted.**
- If the site is affected by easements or NPCA jurisdiction, clearances will be required **prior to sewage permit approval.**

If you have any questions regarding any of the above please contact the Township of Wainfleet's Septic Department at **905-899-3463**

Application for a Permit to Construct or Demolish – Leaching Bed Replacement

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 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		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 ()	

E. Builder (optional)				
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 ()
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
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): _____				
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 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
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.				
_____		_____		
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.

A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<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			
D. Declaration of Designer			
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

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Sewage system installer			
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)
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell 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 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> <ol style="list-style-type: none"> 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. <p>_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			



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
 Leaching Bed**
 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: _____

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:**
- | | | |
|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> Absorption Trenches | <input type="checkbox"/> In ground | <input type="checkbox"/> Raised |
| <input type="checkbox"/> Filter Bed | <input type="checkbox"/> In ground | <input type="checkbox"/> Raised |
| <input type="checkbox"/> Type A Bed | <input type="checkbox"/> In ground | <input type="checkbox"/> Raised |
| <input type="checkbox"/> Type B Bed | <input type="checkbox"/> In ground | <input type="checkbox"/> Raised |
| <input type="checkbox"/> Shallow Buried Trenches | <input type="checkbox"/> In ground | <input type="checkbox"/> 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



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

LEACHING BED 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

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)
	=	$\frac{\text{_____} \times \text{_____}}{200}$	=		_____ Metres
	=	$\frac{\text{_____} \times \text{_____}}{300}$	=		

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 =	$Q \div 75$	÷	=	_____ Sq. Metres
	÷			
	$Q \div 50$	÷	=	_____ Sq. Metres
	÷			
	$Q \div 100$	÷	=	_____ Sq. Metres
	÷			

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

AREA	=	$\frac{Q \times T}{850}$		
		$\frac{\text{_____} \times \text{_____}}{850}$	=	_____ 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	$Q \div 75$	=	
If Q is 3,000 litres or more	L	$Q \div 50$	=	
Sand Area: Underlying Soil Percolation Time <15min:		Sand Area: Underlying Soil Percolation Time >15min:		
$\frac{Q \times T}{850} \times \frac{X}{850} =$		OR	$\frac{Q \times T}{400} \times \frac{X}{400} =$	
(May use lesser of stone area or above formula)		(Shall extend 15 m minimum in direction of effluent flow)		

TERTIARY DESIGN - Type B Dispersal Bed

Soil with Percolation Time T > 24min/cm	L	$Q \div 40$	=	
Soil with Percolation Time T < 24min/cm	L	$Q \div 50$	=	
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

