



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

Class 5 Sewage System 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).**
- Holding Tank Calculation Sheet.**
- Lot Grading Plan (if required).**
- Holding Tank Pump-out Contract (Class 5 installations only).**

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, approvals will be required **prior to sewage permit approvals.**

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 – Holding Tank

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> <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; width: 100%;"> Date Signature of applicant </p>				



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**INFORMATION FOR
 SEPTIC PERMIT
 Class 5**
 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. Type of Material: Concrete Polyethylene (plastic)
- Other (indicate) _____

12. Holding Tank Manufacturer : _____

13. Holding Tank Capacity and Model Number: _____

14. Description of Pump (if required): _____

 Head: _____ Run: _____ HP: _____

15. Description of Holding Tank Alarm: _____

16. Description of Pump Chamber (if required): _____

17. Description of Any Other Components used: _____

- Signed agreement between homeowner and licensed hauler included in this application



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HOLDING TANK CALCULATIONS

TOTAL DAILY DESIGN SANITARY SEWAGE FLOW				
Size	=	$Q \times 2$		
	=	___ X 2	=	_____ Litres
Non-Residential	=	___ X 3	=	_____ Litres
Pump Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Sewage Components:			

CLASS 5 – HOLDING TANK

*Minimum 7 day holding retention for residential
 Pump Out Contract must be provided (District Approval Required)*

Holding Tank Material:

Concrete Polyethylene Other _____

Size (Litres): Q X 7 =	Alarm is Audio: <input type="checkbox"/> Yes <input type="checkbox"/> No	And Visual: <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: IN NO CASE SHALL THE HOLDING TANK SIZE BE LESS THAN 9,000 LITRES

Clearance Distances for Holding Tanks		
Object	Minimum Clearance (m)	Actual Distance
¹ Structure	1.5	
² Well with a watertight casing to a depth of at least 6 m	15	
Any other well	15	
Spring	15	
Property Line	3	

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



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HOLDING TANKS PUMP OUT CONTRACT AGREEMENT

Ontario Building Code Part 8 Program

Contract Agreement Between:

Name: _____
(Owner/Occupant)

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

Name: _____
(Contractor)

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

RE: SERVICING HOLDING TANK

Located at: _____
(Street Address) (Lot/Plan/Concession) (City/Town/Twp) (Postal Code)

CONTRACTOR AGREES:

- 1) To pump out this holding tank at reasonable intervals so that over filling of tank will be prevented during the period of **January 1st** to **December 31st** each calendar year.
- 2) To ensure that holding tank is equipped with a visible or other adequate warning device signifying when tank is _____ full.
- 3) Pump out opening is suitably sized, capped and equipped with a locking device.
- 4) That all material pumped from holding tank must be disposed of at one of the approved sewage treatment plants operated by the Regional Municipality of Niagara or a site for which a Certificate of Approval has been secured.

OWNER OR OCCUPANT AGREES:

- 1) To restrict use of waste facilities in so far as is practical to facilitate a systematic servicing by contractors and help eliminate emergency calls.
- 2) To provide a reasonably adequate access to the holding tank for the contractor's equipment during agreement period.
- 3) That no one but the above-named contractor or his agent will pump out this tank during the life of this agreement.

Copies of this agreement must be deposited with:

- Township of Wainfleet Private Sewage System Regulating Department

The Township of Wainfleet Private Sewage System Regulating Department must be notified directly of any impending termination of this agreement or change of contractors.

 (Signature – Owner/Occupant)

 (Date - dd/mm/yr)

 (Signature – Contractor)

 (Date - dd/mm/yr)