



## THE CORPORATION OF THE TOWNSHIP OF NORWICH

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### ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

Including **Worksheets: A, B, and C**

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#### **Project Information**

Property Address: \_\_\_\_\_ Date Received: \_\_\_\_\_

PIN: \_\_\_\_\_ Roll: \_\_\_\_\_

Application #: \_\_\_\_\_

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#### **NEW RESIDENTIAL BUILDING USES**

I am applying for: (please check one)

- ☐ - **A New Class IV System** (no system exists to date on this property, or the existing system is to be completely replaced with a new system), or
- ☐ - **A Repair/Alteration to an Existing Class IV System** (a system exists on the property that requires repair, replacement, or an alteration in order to comply with the Maintenance requirements of Pt. 8 of the OBC).
- ☐ - **A New, Addition, or Repair/Alteration to a Class I, II, III, or V System**

...PLEASE PROCEED to WORKSHEET A

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#### **ALL OTHER BUILDING USES**

I am applying for: (please check one)

- ☐ - **A New Class IV System** (no system exists to date on this property, or the existing system is to be completely replaced with a new system), or
- ☐ - **A Repair/Alteration to an Existing Class IV System** (a system exists on the property that requires repair, replacement, or an alteration in order to comply with the Maintenance requirements of Pt. 8 of the OBC).
- ☐ - **A New, Addition, or Repair/Alteration to a Class V System**

...PLEASE PROCEED to WORKSHEET B

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# ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

## Worksheet A - RESIDENTIAL BUILDINGS

### Determination of Design Flows ("Q" Factor) - DWELLINGS

#### Type of Residential Occupancy (as per OBC Tab. 8.2.1.3.A.):

Existing (if any):	Proposed (If a new suite/unit is added, or change of use):
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#### Dwellings - Number of Bedrooms Served by the Proposed System

Existing (if any):	Proposed (If new res. bedrooms added):	Total Bedrooms:	Assigned Flow:
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#### Dwellings - Square Footage of Finished Building (Excluding basements and Garages)

Existing (if any):	Proposed (if any):	Total Occupied floor area (sq. ft.):	Contributory Flow (if any):
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#### Number and Type of Fixtures, Fixture Units (FU's) Served by the Proposed System

(Including all fixtures in out-buildings and basements connected to the Proposed System)

Toilets	X 3	FU's	Additional Notes (if necessary):
Lavatories (i.e. bathroom sinks)	X 1.5	FU's	
Showers and/or tubs and/or combo tub showers	X 1.5	FU's	
Tubs and Sinks (i.e. Kitchen, Laundry, Wash...)	X 1.5	FU's	
Floor Drains	X 4	FU's	
Dishwashers, Washing Machines, etc....	X 1.5	FU's	
Other	X 1.5	FU's	
Total		FU's	Contributory Flow (if any):

#### Dwellings - Daily Design Sanitary Sewage Flow Rate ("Q") Calculation

Bedrooms		Plumbing (FU's > 20)		Occupied flr. Area (> 200 m <sup>2</sup> )		Total Daily Designed Sanitary Sewage Flow
Assigned Flow:	+	Contributory Flow:	OR	Contributory Flow :	=	"Q"

### Determination of Design Flows ("Q" Factor) - OTHER RESIDENTIAL BUILDING TYPES

Type of Building (as per 8.2.1.3.A Table)	Method of calculation (as per 8.2.1.3.A Table)	Total Daily Design Sanitary Sewage Flow
		Q =

.....PLEASE PROCEED to **WORKSHEET C**

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## Worksheet B - OTHER BUILDINGS

### Limitation to Discharge – NON-RESIDENTIAL BUILDINGS

Does the building or buildings served by the proposed system include: *(Please answer “Yes” or “No”)*

-a proposed or existing commercial kitchen serving a restaurant?	
-a public or resident laundry facility?	
-a commercial carwash?	
-an industrial or commercial use which uses water in the process of manufacturing or refining a material or commodity?	
-a milkhhouse, milk parlour, or agricultural processing facility?	

### Determination of Design Flow – ALL OTHER BUILDINGS

<u>Suite Occupancy/Building Use (as per 8.2.1.3.B Table)</u>	<u>Method of calculation (as per 8.2.1.3.B Table)</u>	<u>Attributable Daily Design Sanitary Sewage Flow</u>
<u>Suite/Use Configuration 1</u>		<u>Q</u> =
<u>Suite/Use Configuration 2</u>		<u>Q</u> =
<u>Suite/Use Configuration 3</u>		<u>Q</u> =
<u>Total Daily Design Sanitary Sewage System Flow “Q”</u>		<u>Q</u> =

.....PLEASE PROCEED to **WORKSHEET C**

# ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

## Worksheet C

**Is this application in relation to a Class I, II, or III Sewage System?** (Yes or No)

...If "Yes", please proceed to "Declarations"

### TANK(S) - TYPE, MANUFACTURER AND CAPACITY DETAILS

Type of Tank:	Manufacturers/ Model # if applicable	Capacity

### BED TYPE AND DESIGN LENGTH AND AREA CALCULATIONS & DETAILS

#### Absorption Trenches

☐ Raised

☐ In-ground

Expanded Contact Area (including mantle):	Distribution Type (Pipes and stone or Chambers):	Total Length of Trenches:

#### Filter Bed

☐ Raised

☐ In-ground

Expanded Contact Area (including mantle):	Filter Base Area (base Filter Medium):	Distribution Type (Pipes stone or Chambers):
	Distribution Area (Top of Bed):	Chamber type? (if Chambers)

#### Shallow Buried Trenches w/ \*Other Treatment Unit\*\*

Total Length of Chambers:	Number of Trenches:	Chamber Type:

#### Type "A" Bed w/ \*Other Treatment Unit\*\*

Contact Area (including mantle):	Distribution Area (Top of Bed):	Distribution Type (Pipes & stone or Chambers):

#### Type "B" Bed w/ \*Other Treatment Unit\*\*

Pressurized Distribution Pipe Length:	Contact Area: (including mantle):	Linear Loading Rate:

#### BMEC Bed \*\*

**NOTE: Copy of BMEC APPROVAL REQUIRED**

BMEC Approval #	Contact Area (including mantle):	Distribution Area:

**\*\*NOTE: Copy of MAINTANENCE AGREEMENT REQUIRED PRIOR TO USE PERMIT ISSUANCE\*\***

# ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

## Worksheet C (cont'd.)

### ADDITIONAL SITE INFORMATION

<b>Horizontal Distances from Proposed Septic Distribution Area, Chambers, or Pipes to:</b> <i>(if not applicable please write "NA")</i>		<b>Type of Native Subsoil and Subsoil Conditions</b>	
Municipal <i>(ie. water service at road)</i>	(m)(ft)	Depth to High groundwater table: <i>(verify with site evaluation report)</i>	(m)(ft)
Dug Well <i>(Cased or uncased)</i>	(m)(ft)	Engineers Report or Sieve Analysis Report #:	
Drilled Well <i>(cased well &gt;6m deep)</i>	(m)(ft)	Sampled Soil Type: <i>(identify using USCS or USDA methods)</i>	
Shallow Point Well (Sand point)	(m)(ft)	Est. Percolation Rate: <i>("T"- time)</i>	min/cm
Areas of fill soil deposits or buried debris?	(m)(ft)	<b>Are any of the below located upon, or adjacent to, the Property upon which the Septic System is proposed?</b> <i>(If "yes" please provide description)</i>	
Lakes, Rivers, Streams, Ponds, etc...	(m)(ft)	Right of ways or Shared Access Easements?	
Steep or unstable slopes	(m)(ft)	Drainage Easements or Municipal Drains?	
		Service Easements or Land Use Agreements?	

### OFFICE USE ONLY

BUILDING DEPT. REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional Notes:

# ADDENDUM TO APPLICATION TO PERMIT SEWAGE SYSTEM CONSTRUCTION OR REPAIR

## Declarations

Please complete either the Owner Declaration portion, or the Designer or Installer/ Supervisor Declaration portion, as pertains to your specific circumstances of application.

**PLEASE NOTE:** When an Agent of the owner acts as the Applicant to construct, Designer, and/or Installer Supervisor, a declaration letter of Authorization of Agency form is also required.

### Designer/Installer/Supervisor Declaration

I, (print name) _____ <b>have been retained by the Applicant for the Permit to Construct, who is</b> (the Owner or an authorized agent of Owner) _____, to provide the information in the Addendum to the Application to Construct the Sewage System worksheets A, B and/or C, in relation to the property below described:		
Civic Address	Lot, Conc. (Plan #)	Roll #
, and I am also the qualified and registered		
<b>Designer</b> (check if applicable) <input type="checkbox"/>	Firm BCIN #:	Initial here: _____
and/or,		
<b>Installer/ Supervisor</b> (check if applicable) <input type="checkbox"/>	Firm BCIN #:	Initial here: _____
responsible for the proposed construction, and as such do certify that the information I have provided in this Addendum to the Application to Permit Sewage System documentation is correct and true to the best of my knowledge.		
Signed: _____ Individual BCIN #: _____ Dated: _____		

### Owner Declaration - as Installer/Supervisor and/or Designer

I, (print name) _____ am the owner or the authorized agent of the owner of the property upon which the system as specified by this addendum application is to be installed, and I am exempted from the requirements for registration and qualification by the Ontario Building Code (as outlined in Schedule 1: Designer Information) in this application however, I do recognize that the responsibilities and duties as assigned to the designer and also the installer/supervisor of a Sewage System installation do also apply to me, the owner, and I do also certify and recognize that if a qualified and registered designer and/or installer has not otherwise been retained for the purposes of design or construction of the proposed sewage system, that all the information provided on this Application to Permit Sewage System Construction or Repair and all other submitted design information and material is correct and true to the best of my knowledge.
Signed: _____ Dated: _____

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.