



Municipality of Dysart et al
Building Department
135 Maple Avenue, Box 389
Haliburton, Ontario, K0M 1S0
Tel.: (705) 457-1740 Fax: (705) 457-1964
Website: www.dysartetal.ca

Sewage System Permit Instructions

Septic Permit Fees

Full System: \$650.00

Partial System: \$450.00

This Package Contains:

1. Ontario Building Code Application for a Permit to Construct or Demolish including Schedule 1 and Schedule 2;
2. Proposed Sewage System Design and Calculation Sheet;

All forms provided in this package must be completed and returned to Building Department along with the following other required documentation:

1. A Site Plan referenced to an up to date survey when available or to a drawing of the lot, **neatly and accurately drawn**, which shall indicate:
 - a) the dimensions of the lot (length, width);
 - b) the location and size of the proposed buildings & all existing buildings;
 - c) location of well, septic, easements (hydro, right of way etc) & driveways;
 - d) the setbacks of proposed building or addition from all lot lines, the road and other buildings within 3 metres, the highwater mark, and the well and septic system;
 - e) indicate any survey stakes that have been located;
 - f) the location and setbacks of the septic tank, leaching bed and any pump chamber;
 - g) the loading area and 15m mantle;
 - h) location of wells or water supply including neighbours;
 - i) eavestrough discharge;
 - j) topographical features including slope and direction of flow.
2. Any proposal for the use of a Class 4 treatment unit, other than a septic tanks, will require a copy of the B.M.E.C. approval for that system, and once completed will require submission of "as built" drawings and the maintenance agreement.
3. If the applicant is not the owner of the property, or there is more than one property owner, the owner(s) must provide a letter appointing the applicant as an authorized agent.
4. The required fees must accompany the application in accordance with Building By-law No. 2023-02, Schedule A.

Note: Incomplete applications will not be accepted or reviewed and may be returned to the owner or applicant.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

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				
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).			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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]				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings </div> <div style="width: 30%;"> <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection </div> <div style="width: 30%;"> <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems </div> </div>				
Description of designer's work				
D. Declaration of Designer				
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p><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.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</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. I have submitted this application with the knowledge and consent of the firm. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Date </div> <div style="width: 60%; text-align: center;"> _____ Signature of Designer </div> </div>				

NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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) </div>			
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="margin-left: 40px;">(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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Date </div> <div style="width: 65%; text-align: center;"> _____ Signature of applicant </div> </div>			

Proposed Sewage System Design

Class of System:	2 or 3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Install <input type="checkbox"/> Repair	Test Hole Ready:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Water Supply:

- ☐ Existing
- ☐ Proposed
- ☐ Drilled Well
- ☐ Dug Well
- ☐ Surface Water
- ☐ Other: _____

Soil Conditions:

Est. Perc Rate _____ min/cm

Bedrock Level _____ m

High Water _____ m

Level _____

Date of Assessment: _____

SOIL CONDITION

Depth (metres)	Soil Type
0	
0.5	
1.0	
1.5	

Show Rock Elevation _____

Show Water Table _____ W _____

Site Information

Fixture Unit Type	Number	Fixture Unit Value	Total
Bathroom Group (3+ Fixtures)		6	
2 Piece Powder Room		5.5	
Clothes Washer		1.5	
Laundry Sink		1.5	
Kitchen Sink		1.5	
Other			

Total Fixture Units: _____

Total Number of Bedrooms (includes bunkies, lofts, etc.): _____

Total Area of Living Space on Property (includes bunkies, lofts, etc.): _____ m²

Daily Sewage Flow Calculation:

A. Base Flow from Number of Bedrooms: _____ L (max. 5)

B. Additional Bedrooms over 5: _____ x500 = _____ L

C. Each Additional Fixture Unit over 20: _____ x50= _____ L

D. Living Space up to 200m²:

i. Each 10m² over 200m² up to 400m² : _____ x100 = _____ L

ii. Each 10m² over 400m² up to 600m² : _____ x75 = _____ L

iii. Each 10m² Greater Than 600m² : _____ x50 = _____ L

Total Daily Sewage Flow(Q): (A + B, C, or D) = _____ L/day

Tank(s)	Minimum Required	Proposed
Septic Tank Size: Daily Sewage Flow(Q) x2	= _____ L	= _____ L

Filter Bed

Filter Bed Area: <3000L/day DSF÷75= _____ m² Proposed _____ m²

>3000L/day DSF÷50= _____ m² Proposed _____ m²

No of Pods: _____ Arranged as _____ x _____ m²

Distribution Type: ☐ Pipe ☐ Chamber

Expanded Contact Area: QT÷850= _____ m² Proposed _____ m²

If Raised, Height above existing grade to bottom of stone layer: _____ m

OR

Conventional Trench

Daily Sewage Flow (DSF) x T÷200 = _____ m Proposed: _____ m

Request for Reduction: Type _____ DSF x T÷300 = _____ m

Percolation Rate of Fill (if required): _____ min/cm

If Raised, Height above existing grade to bottom of stone layer: _____ m

Loading Rate Area

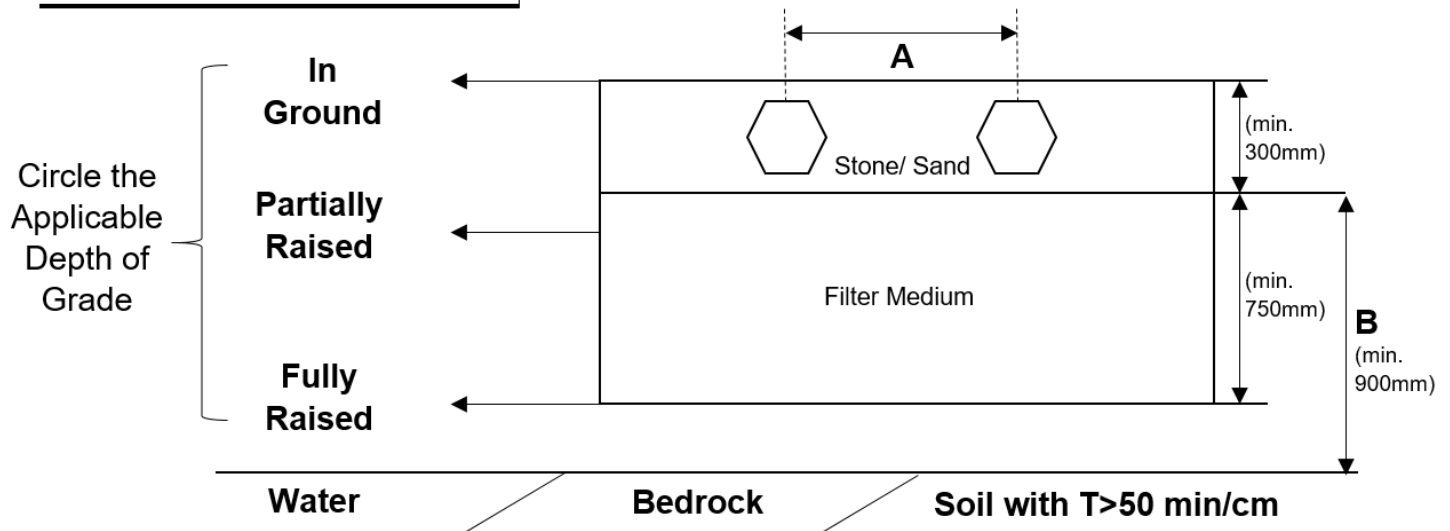
Daily Sewage Flow ÷ Loading Rate Factor = _____m² Proposed: _____m²

Receiving Soil Percolation Rate	Loading Rate Factor
$1 < T \leq 20$	10
$20 < T \leq 35$	8
$35 < T \leq 50$	6
$T > 50$	4

15m Extended Mantle Required: ☐ Yes ☐ No ☐ Native

Higher Treatment Level Proposed? (Details):

Cross Section – Filter Bed



A – Proposed horizontal offset Distance between Runs _____m

B – Proposed depth of Excavation to Water Table/ Bedrock _____m

PROPOSED DESIGN SITE PLAN

Indicate North Point and label the following required information:

1. Septic Tank & Leaching Bed	8. Driveways / Parking Area
2. Pump Chamber	9. Property Lines
3. Loading Rate Area	10. Foundation / Eavestrough Drainage
4. 15 metre Mantle Area	11. Lake / watercourse / pond
5. Proposed/ Existing Structures	12. Steep slopes
6. Water Supplies (incl. neighbours)	13. Direction of slope/water flow
7. Existing Sewage Systems	

Designer Name

Signature

Date

Office Use Only

Site Visit Complete:

Yes

No

Date

Approved:

Yes

No

File #

Reviewed By:

Sewage System Inspector

Date