

Property address _____

DESCRIPTION	DWELLING #1	BOATHOUSE	SLEEPING CABIN	FIXTURE UNITS	TOTAL
Bathroom group (toilet, sink, tub/shower)				x 6 =	
Bathtub or shower				x 1.5 =	
Kitchen sink				x 1.5 =	
Dishwasher				x 1 =	
Washing machine				x 1.5 =	
Laundry tub				x 1.5 =	
Bar sink				x 1 =	
Other: _____					
FIXTURE UNITS					
FINISHED FLOOR AREA					
# OF BEDROOMS					

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
Bedroom flow (A)	1 bedroom dwelling		750	
	2 bedroom dwelling		1100	
	3 bedroom dwelling		1600	
	4 bedroom dwelling		2000	
	5 bedroom dwelling		2500	
Extra bedroom flow (B)	Each bedroom over 5, OR*		500	
Living area flow (C)	Floor space for each 10m ² over 200m ² up to 400m ²		100	
	Floor space for each 10m ² over 400m ² up to 600m ²		75	
	Floor space for each 10m ² over 600m ² OR*		50	
Fixture count flow	Each fixture unit over 20 fixture units		50	

Daily Design Sewage Flow, Q = _____ liters/day A + (B or C or D)

TEST HOLES

Sub-surface conditions encountered:

		Applicant's Use		Inspector's Use	
Indicated depth to bedrock, T>50, &/or ground water table (where present)	Depth (m)	<u>Soil type</u>	<u>T Time</u>	<u>Soil Type</u>	<u>T Time</u>
Test holes ready for inspection <input type="checkbox"/> YES <input type="checkbox"/> NO					
Water Supply <input type="checkbox"/> Proposed <input type="checkbox"/> Existing					
<input type="checkbox"/> Lake	<input type="checkbox"/> Drilled Well	<input type="checkbox"/> Dug Well		<input type="checkbox"/> Other specify	

<input type="checkbox"/> Class 2 Greywater Pit		<input type="checkbox"/> Class 3 Cesspool (cannot exceed 1000 liters/day)			
Type of class 1 on site:	<input type="checkbox"/> Privy <input type="checkbox"/> Composting <input type="checkbox"/> Chemical <input type="checkbox"/> Other				
Wall Structure	<input type="checkbox"/> Cement Block <input type="checkbox"/> Rock <input type="checkbox"/> Wood <input type="checkbox"/> Other				
Side wall area	m2	Length	m	Width:	m
				Depth:	m
					Type of cover

CLASS 4: LEACHING BED/ABSORPTION TRENCH					
<input type="checkbox"/> Dug into existing soil <input type="checkbox"/> Imported Soil list type: _____ height: _____ (Proof of filter material must be provided)					
Length of Tile: _____(m) _____(ft) # of runs of tile: _____					

CLASS 4: FILTER BED (proof of filter material to be provided prior to backfill)					
Effective Area _____(sqm) Contact Area _____(sqm) Loading Rate: _____					
Height Raised: _____ #of runs of tile: _____ Length of tile _____(m) _____(ft)					

CLASS 4: TREATMENT UNIT (septic tank)	
Manufacturer & Model: _____	Septic Tank Size _____(L)
Other Treatment Units - Manufacturer & Model: _____	

CLASS: HOLDING TANK (audio visual alarm, and a pump out contract required)	
Manufacturer & Model	Size

Date Received: _____

SEPTIC SYSTEM LOCATION PLAN

OWNER	INSTALLER
PROPERTY ADDRESS	

Please provide a DIMENSIONED sketch drawing indicating:

1. Outline of property and all dimensions
2. Detailed sewage system diagram, including dimensions of leaching bed, mantle, tank location, pump chamber, etc.
3. Setbacks from existing and proposed buildings, wells (including neighbours) lakes, streams, ponds, water drainage courses.
4. Location of subsurface drainage, tiles, culverts, or other structural features.
5. Existing or proposed driveways, easements, right of ways, drainage patterns.
6. Indicate any areas of disturbed, compacted, imported, or altered soils.

