

**Township of Rideau Lakes**  
**Class 5 Septic System Application**



**Application for a Permit to Construct or Demolish**

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: **TOWNSHIP OF RIDEAU LAKES**

1439 County Rd 8 Delta ON K0E 1G0  
 Tel. 613-928-2251 1-800-928-2250  
 Fax. 613-928-3097

**Project information**

Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Project value est. \$		Area of work (m <sup>2</sup> )	

**Purpose of application**

New construction   
  Addition to an existing building   
  Alteration/repair   
  Demolition   
  Conditional Permit

Proposed use of building	Current use of building
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Description of proposed work

**Applicant      Applicant is:     Owner or     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 (    )	

**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 (    )	

**Township of Rideau Lakes  
Class 5 Septic System Application**

<b>Builder (optional)</b>				
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 (     )
<b>Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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
<b>I. Declaration of applicant</b>				
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.



**SEWAGE SYSTEM DESIGN CRITERIA**  
**CLASS 5 SYSTEM**

**2012 FEE: \$550**      paid

1.

State # of:	Bedrooms/Units Sleeping Cabins	People	Floor Area m <sup>2</sup>	Fixture Units
Proposed				
Existing (If Applicable)				

2.

<b>Water Supply:</b>	Proposed or	Existing
Dug or bored well	Drilled Well	
Casing Depth _____	Water Treatment Units	
Other: _____		

**FIXTURE UNIT COUNT**

Please complete the following table:

3.

Description of Fixtures	Total #	X (multiply)	Fixture Units	Total
Bathroom group (3 or 4 piece bathroom)		X	6	
Water Closet (tank toilet)		X	4	
Each sink		X	1 ½	
Bathtub or shower		X	1 ½	
Dishwasher		X	½	
Clothes washing machine		X	1 ½	
Single or double laundry tub		X	1 ½	
Other		X		
Q = Total design flow				

4.      **Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, watertable and description of soil type are to be shown for each soil profile.

0.3 -		0.3 -		0.3 -	
0.6 -		0.6 -		0.6 -	
0.9 -		0.9 -		0.9 -	
1.2 -		1.2 -		1.2 -	
1.5 -		1.5 -		1.5 -	

5.

Tank Profile	Tank Size Design Calculations
Water Table/Bedrock/Impervious Soil	Tank Size = $Q \times 7$ _____ litres minimum tank size is 9000L  Alarm to be installed as per 8.8.2.1(1) of OBC.

Working capacity of septic/holding tank Litres	Tertiary Treatment if Applicable	Length of distribution pipe Metres
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**6. CLASS 5**

**Existing Tank to be used:** Yes Tank Size: \_\_\_\_\_ (litres) No (tank should be removed)  
 N/A

**New Tank(s) to be used:** Number of Tanks \_\_\_\_\_.  
 Inground Raised and covered Height above grade \_\_\_\_\_.

**Type of Tank(s):** Concrete Polyethylene Fiberglass Steel (existing only)

**Alarm type used:** \_\_\_\_\_.

**Gravity Fed or Pumped** Head \_\_\_\_\_ (m). Run time \_\_\_\_\_. Horsepower \_\_\_\_\_  
 Volume \_\_\_\_\_

**Written Agreement with Hauler:** Yes To be obtained on completion of installation

7. **SITE PLAN:** Provide the following information:
- a) Location of sewage system components (eg. tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
  - b) Lot dimensions topographic features (e.g. swamps, steep slopes) near system.

**APPROVAL TO CONSTRUCT**

A Class \_\_\_\_ Sewage System under the Building Code Act with a maximum daily design flow of \_\_\_\_\_, is hereby approved for this property in the manner proposed in this Approval, its Design Information and supporting attachments, or any addendums arising out of site inspections; and provided that the System is installed and completed within 12 months of the Permit issuance date. This system shall not be operated without a signed Certificate of Completion.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2012. \_\_\_\_\_, CBO

**REFUSAL:** A sewage System Permit for this Application is refused for the reasons given in the application review.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2012. \_\_\_\_\_, CBO

**CERTIFICATE OF COMPLETION**

**This will certify that this Sewage System has been completed and may be operated within the terms of its approval under the Ontario Building Code.**

**Dated this \_\_\_\_ day of \_\_\_\_\_, 2012. \_\_\_\_\_, CBO**

## HAULER'S AGREEMENT

FOR

A CLASS 5 HOLDING TANK SEWAGE SYSTEM  
(and recommended for Class 4 septic tank located on an island)

**Owner's Undertaking**

**Date:** \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, do hereby undertake to have the firm of \_\_\_\_\_ empty the contents of the holding tank(s) which services my premises, located on part of Lot \_\_\_\_\_, Concession \_\_\_\_\_, Subdivision/Plan \_\_\_\_\_, Sub Lot \_\_\_\_, Township of Rideau Lakes, Ward of \_\_\_\_\_. This services is to be provided on a routine basis AND/OR EACH TIME WHEN TANK ALARM IS ACTIVATED.

\_\_\_\_\_  
**Signed: Owner of Property**

**Licensed Sewage Hauler's Certificate**

I, \_\_\_\_\_ the undersigned sewage hauler, hereby certify that Mr./Mrs./Ms. \_\_\_\_\_ has retained me to empty the contents of the tank(s) located on part of Lot \_\_\_\_\_, Concession \_\_\_\_\_, Subdivision/Plan \_\_\_\_\_, Sub Lot \_\_\_\_\_, Township of Rideau Lakes, Ward of \_\_\_\_\_.  
This service is to be provided on a routine basis.

\_\_\_\_\_  
**License #:**

\_\_\_\_\_  
**Signed: Licensed Sewage Hauler**