

APPROXIMATE SOIL PERCOLATION RATES (T-time)

The following are **estimated** ranges of soil percolation rates (T-times) measured in a rate of min/cm. Actual on-site soil conditions may vary significantly from estimates; it can be difficult to tell a 30 from a 50 just by looking at it.

Estimated T-times shall be determined by samples analyzed by the Unified Soil Classification System, the Soil Texture Classification from the USDA Soil Survey Manual, or percolation tests being conducted on in-situ soils.

Disputes about estimated T-times shall be resolved by sending in-situ soil samples to a Canadian Council of Independent Laboratories testing firm at the applicant's cost. The T-time will be determined by the falling head test and grain size analysis; the percent passing the 75 µm #200 sieve is to be included for silt content.

Soil Type	Sand	Sandy Loam	Loam	Silty Loam	Clay Loam	Silt - Clay	Clay
T-time (min/cm)	10	12 - 20	17 - 25	20 - 30	30 - 40	40 - 50	50+

Sub-surface conditions encountered:		Applicant's Use		Approved by Inspector
Indicate <u>depth</u> to bedrock, T>50, &/or high ground water table (where present):	<u>Depth (m)</u>	<u>Soil type</u>	<u>T-time</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTED SEPTIC STONE AND LEACHING BED FILL CERTIFICATION REQUIRED PRIOR TO FINAL INSPECTION

I, _____, certify that the materials used to construct the sewage system, under the application herein, meet Ontario Building Code requirements, and correspond to the percolation rate on the application and the soils analysis provided to the Township of Asphodel-Norwood:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	TESTING DATE (mm/dd/yyyy)
		/	
		/	
		/	

Note: *Leaching bed fill* means soil used to construct of conventional and chamber leaching beds, filter beds, dispersal beds, and area beds as prescribed under specific Building Materials Evaluation Commission authorizations. It may not include a requirement for other soils as prescribed by treatment unit manufacturers; check with the manufacturer before installation. The silt content of *leaching bed fill* must be included in the analysis.

The Township of Asphodel-Norwood may require you to submit soil samples for analysis.

Signature of Authorized Agent or Owner

Date

DESCRIPTION	DWELLING				OTHER: _____			
	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS	Total # of Existing	Total # of Proposed	# UNITS PER FIXTURE	TOTAL FIXTURE UNITS
Bathroom group – 3 piece (toilet, sink, tub/shower)			x 6.0 =				x 6.0 =	
Additional toilet			x 4.0 =				x 4.0 =	
Bathtub or shower			x 1.5 =				x 1.5 =	
Additional sinks			x 1.5 =				x 1.5 =	
Kitchen sink			x 1.5 =				x 1.5 =	
Dishwasher			x 1.0 =				x 1.0 =	
Clothes Washer			x 1.5 =				x 1.5 =	
Laundry tub			x 1.5 =				x 1.5 =	
Other: _____			x =				x =	
FIXTURE UNITS	Total:				Total:			
FINISHED FLOOR AREA m²	Existing	Proposed	Total		Existing	Proposed	Total	
# OF BEDROOMS			Total:				Total:	

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

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

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"/> Shore well	Casing depth: _____ m	<input type="checkbox"/> Sandpoint	

Provide proposed information instead of minimum requirements:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Class 5 Holding Tank	<input type="checkbox"/> Treatment Unit	<input type="checkbox"/> Digester Tank
<input type="checkbox"/> New – proposed working capacity: _____ litres		<input type="checkbox"/> Level II	<input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<input type="checkbox"/> Use existing – size: _____ Permit _____		Make / model of treatment unit: _____	

T-time (min/cm) of existing soil: _____	Subsurface detection method: _____	Pump required? <input type="checkbox"/> No <input type="checkbox"/> Macerating <input type="checkbox"/> TBD <input type="checkbox"/> Effluent
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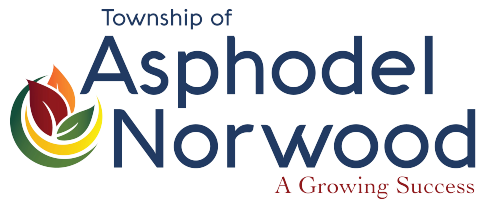
Mantle Loading Area Trench Bed, Leaching Chambers, Filter Bed only	Percolation Time (T) of Existing Soil, min/cm	1 < T ≤ 20	20 < T ≤ 35	35 < T ≤ 50	T > 50
	Loading Rates, (L/m²)/day	10	8	6	4
<input type="checkbox"/> Existing Soil (T ≤ 15) <input type="checkbox"/> Imported Leaching Bed Fill		Q ÷ Loading Rate = _____ m ² Length _____ m x Width _____ m			

Class 4 Trench Bed Class 4 Leaching Chambers Typical Drawing A	Total pipe length: $\frac{Q \times T}{200} =$ _____ m Raised height (above grade): _____ m	
	Conventional & Type I Leaching Chambers $\frac{Q \times T}{200}$	Type II Leaching Chambers $\frac{Q \times T}{300}$

Class 4 Filter Bed Typical Drawing B If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Loading area: Q ÷ 75 / 50 = _____ m ² If over 50 m ² , # of filter beds: _____	
	Contact area: $\frac{Q \times T}{850} =$ _____ m ²	Raised height (above grade): _____ m

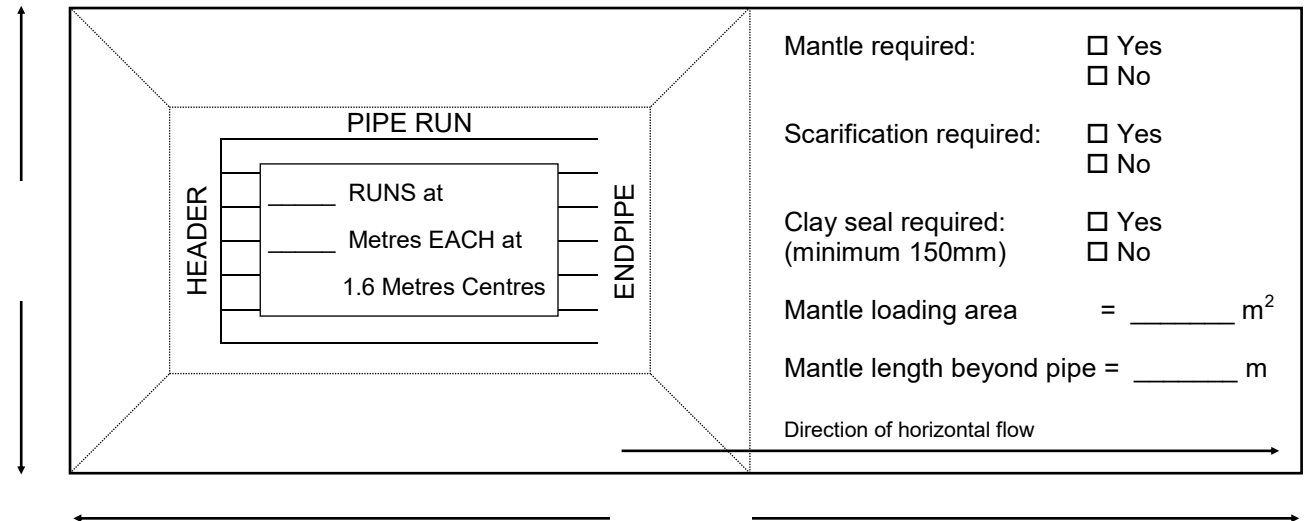
Class 4 BMEC Bed Typical Drawing C, D or E	Specified sand area: $\frac{Q \times T}{400} =$ _____ m ² Length _____ m x Width _____ m	
	Number of modules: Q ÷ _____ = _____	Raised height (above grade): _____ m

Type A Dispersal Bed Typical Drawing F, G, H or I If Q ≤ 3000 L/day, Q÷75 If Q > 3000 L/day, Q÷50	Stone area: Q ÷ 75 / 50 = _____ m ² Raised height (above grade): _____ m	
	1<T≤15 sand area: $\frac{Q \times T}{850} =$ _____ m ²	T > 15 sand area: $\frac{Q \times T}{400} =$ _____ m ²

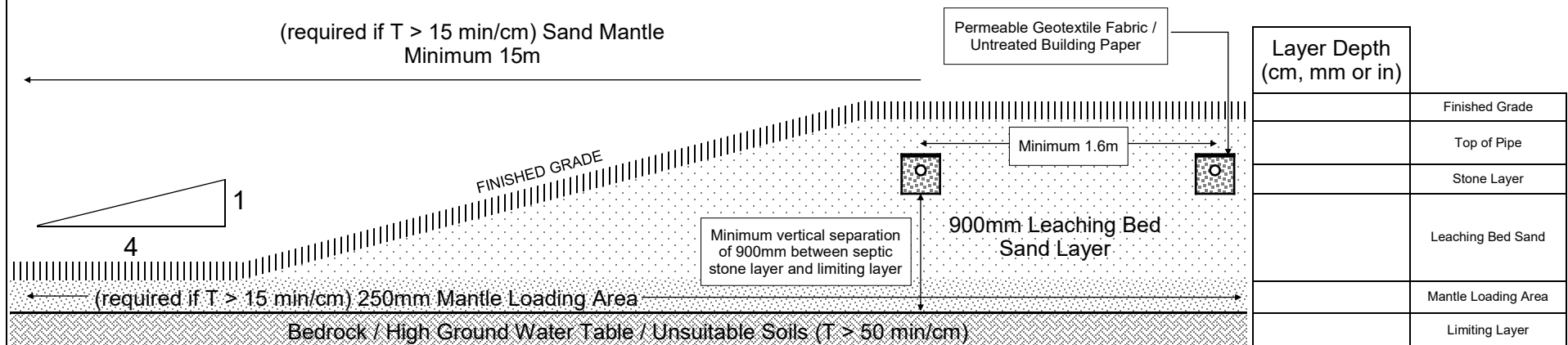


TYPICAL DRAWING A BURIED OR RAISED LEACHING BED ABSORPTION TRENCH

Plan View (not to scale)



Cross-Section Profile (not to scale)

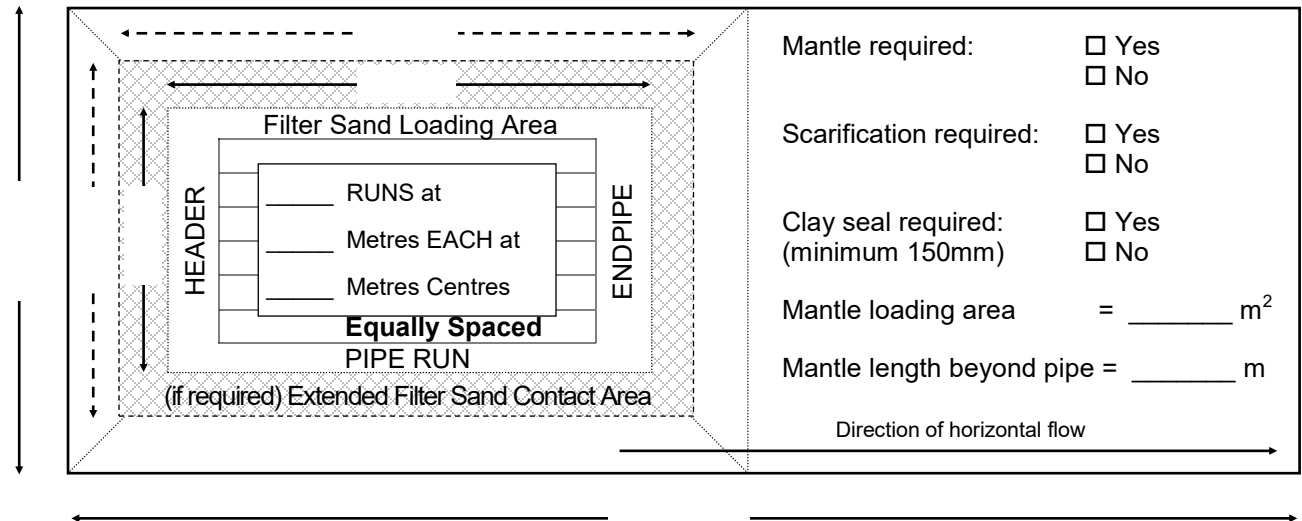




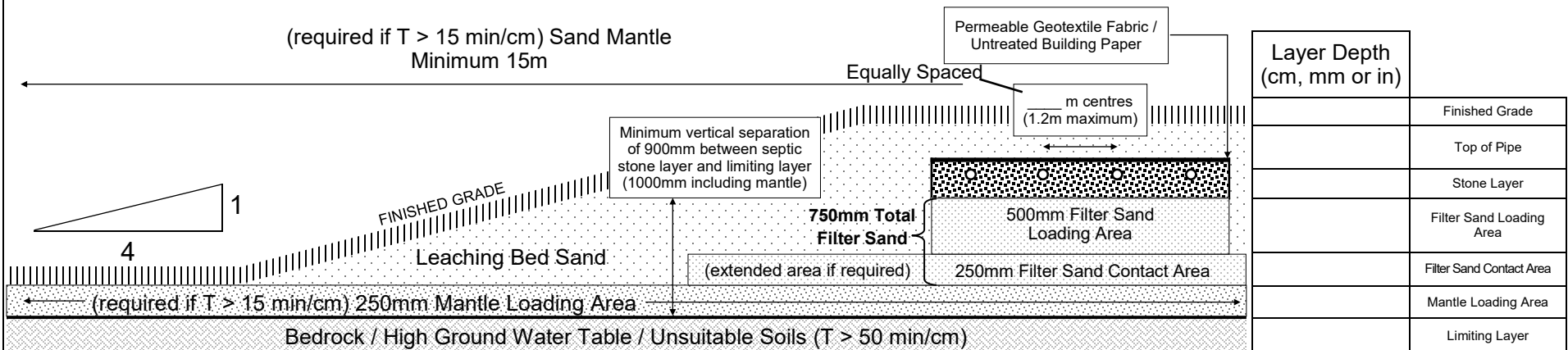
TYPICAL DRAWING B

BURIED OR RAISED FILTER BED

Plan View (not to scale)



Cross-Section Profile (not to scale)



Agent/Owner Authorization Form

A. Project Information

Street Address: _____

Proposed project:

B. Party to be authorized

Name: _____

Corporation or Partnership: _____

Address: _____ Lot/Con: _____

Phone #: _____ Cell #: _____ Email: _____

C. Declaration of Owner

I, _____, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make application for permit on my behalf to Building Department of the Township of Asphodel Norwood in accordance with the applicable requirements of the Ontario Building Code for the purpose of the identified project.

Date: _____ Signature: _____

The Ontario Building Code states that “owner includes, in respect of the property on which the construction or demolition will take place, the registered owner, a lessee or mortgagee in possession”.

Note: This form is valid only for one access to Building Permit record application. Subsequent applications by an authorized agent will require a new agent authorization form completed by the current property owner.