

## Class 2 and 3

## 3B: Site Evaluation Form

<b>Water Supply:</b> <input type="checkbox"/> <b>Proposed</b> <input type="checkbox"/> <b>Existing</b>			
<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	

APPROXIMATE SOIL PERCOLATION RATES (T-time)							
<p>The following are <b>estimated</b> 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.</p> <p>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.</p> <p>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.</p>							
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:		<b>Applicant's Use</b>		<b>Approved by Inspector</b>
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

I, \_\_\_\_\_ (Registered Installer under Section 3.3 of the Building Code Act), verify that the material used in the construction of the sewage system, under the application herein, meets the requirements of the Ontario Building Code, the percolation rate identified on the application and the soils analysis provided to the Township of Asphodel-Norwood for:

NAME / NUMBER OF LICENSED AGGREGATE PIT	TYPE OF MATERIAL	T-TIME / SILT CONTENT	LAST TESTING DATE (d/m/y)
		/	/ /
		/	/ /
		/	/ /

**Note:** *Leaching bed fill* means soil used for the construction 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.

\_\_\_\_\_  
Licensed installer's signature

\_\_\_\_\_  
Date

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## 4B: Design Criteria

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
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 . =	
<b>FIXTURE UNITS</b>	Total:				Total:			
<b>FINISHED FLOOR AREA m<sup>2</sup></b>	Existing	Proposed	Total		Existing	Proposed	Total	
<b># OF BEDROOMS</b>			Total:				Total:	

DESIGN FLOW CALCULATION TABLE				
Residential Occupancy			Volume (L)	Flows
Pressurized water supply (A)	Per fixture unit		200	
No pressurized water supply (B)	Per fixture unit		125	

Daily Design Sewage Flow, Q = _____ liters/day (A or B)
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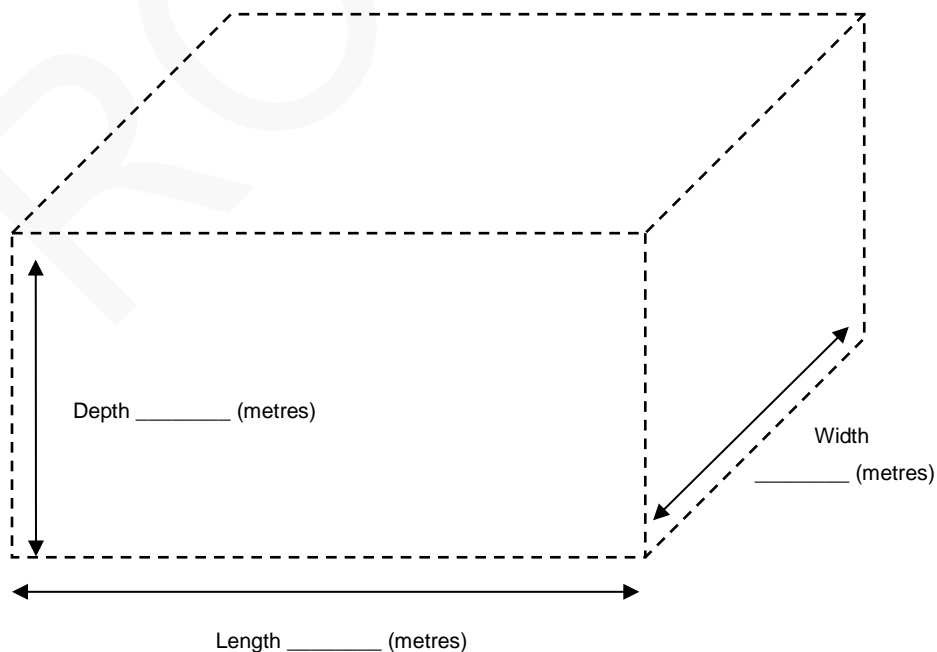
## Class 2 and 3

## 5B: Proposal to Construct

Propose to _____ a Class _____ sewage system to serve _____ <small>(construct, install, alter, extend, enlarge, replace, etc.)</small> <span style="float: right;"><small>(facility: e.g. single family dwelling, motel, etc.)</small></span>			
Is the land currently vacant? YES NO		Additions/renovations proposed? YES NO	
If replacing, is there a permit for the system on the property? YES NO Permit # _____			
Is the existing system failing? YES NO Explain: _____			
Is there more than one system on the property? YES NO Permit # _____			
Will the proposed system service more than one building? YES NO List: _____			

Provide proposed information rather than minimum requirements:

<input type="checkbox"/> <b>Class 2 Greywater Pit</b> <input type="checkbox"/> <b>Class 3 Cesspool</b> <span style="float: right;">(Q cannot exceed 1000 litres/day)</span>			
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: _____		
T-time (min/cm) of existing soil: _____	Type of cover: _____	Pump required? <input type="checkbox"/> No <input type="checkbox"/> Effluent <input type="checkbox"/> TBD	
Side wall loading rate: $L_R = \frac{400}{T} =$ _____		Total side wall area: $A = \frac{Q}{L_R} =$ _____ m <sup>2</sup>	
Length: _____ m	Width: _____ m	Depth: _____ m	



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**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 Cavan Monaghan 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.