



THE CORPORATION OF THE TOWNSHIP OF TINY

C/O Tatham Engineering
130 Balm Beach Road West, P.O. Box 1227, Tiny, Ontario, L0L 2J0
Telephone (705) 527-0119 Fax (705) 527-9001 www.tiny.ca

Procedure for Obtaining a Sewage System Approval

Tatham Engineering has been retained by the Township of Tiny to act as the sewage system approval authority for the Township.

You may wish to consult with your Licensed Sewage System Designer/Installer for help in completing this application form and design.

1. A permit is required for:
 - New or replacement class 2-5 sewage system under 10,000 litres/day
 - Septic tank replacement, repair, lot suitability, severance, modifications to, or upgrading of, a class 2-5 sewage system
2. A review is required for
 - Rezoning, variance, official plan amendment, addition, renovation, conversion, revision, renewal, subdivision (per lot)
3. The Application consists of the following:
 - Provincial Standard Application (4 pages)
 - Township of Tiny Sewage System Application (5 pages)
4. Fill in all forms completely and accurately and attach copies of:
 - Floor plans
 - Plan of Survey
 - Lot Grading/Drainage Plan
 - Site Plan
 - Existing septic records
 - Any additional information that may assist for the review of the application
 - A cheque in the amount of \$637.00 made payable to "The Corporation of the Township of Tiny" for a new sewage system, \$337.00 for a repair, septic tank replacement, lot suitability or severance (1 inspection) and \$263.00 for all other applications

Include the following on the site plan:

- the legal description, lot size, property boundary dimensions, existing rights-of-way, easements or municipal/utility corridor(s);
- the location of items listed in the Building Code;
- the location of the proposed sewage system;
- the location of any unsuitable, disturbed or compacted soil areas;
- proposed access routes for equipment maintenance;
- depth to bedrock;
- depth to zones of soil saturation;
- soil properties, including soil permeability;
- soil conditions, including the potential for flooding; and
- existing buildings, sewage systems, water courses and topography.

5. A minimum of two test holes 1.8 metres / 6 ft. deep or to bedrock or watertable must be dug in the area of the proposed leaching bed or tank before an inspection can be done. The leaching bed should be located in a level, well-drained area. Test holes should be protected until they have been inspected, then refilled.

6. The application will be processed following receipt of a complete application, fee and notice that the test holes have been dug. If more information is required, the applicant will be notified.

7. The sewage system approval (permit or review letter), when granted, will be picked up at the Tatham Engineering office and a copy sent to the Township of Tiny Building Department. A permit or review letter is valid for one year from the date of issue. The permit must be posted in a visible location on the property. If the permit is not posted inspections may not be conducted.

8. Should it not be possible to approve the application that was submitted, the applicant will be notified.

9. Tatham Engineering Ltd. will normally inspect:

- test holes after they are dug but before any site preparation is started
- base of leaching bed when excavated, before any fill is placed (not all installations)
- completed installation, all components installed and visible for inspection prior to backfilling
- completed construction, after backfilling and house constructed (if applicable).

10. Once the completed system has been inspected, backfilled and approved, the sewage system may be used.

**UNDER NO CIRCUMSTANCES MAY AN INSTALLATION BE COVERED BEFORE THE
REQUIRED INSPECTIONS ARE MADE.**



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Date Received: _____

Application Number: _____

Fee Receipt Number: _____

TOWNSHIP OF TINY SEWAGE SYSTEM APPLICATION

Tatham Engineering has been retained by the Township of Tiny to act as the sewage system approval authority for the Township.

Description of Subject Land

Township Lot: _____

Concession: _____

Registered Plan: _____

Lot No: _____

Reference Plan: _____

Part(s): _____

Municipal Address: _____

Roll Number: _____

Source Water Protection

Is the subject property within a Well Head Protection Area (WHPA)?

No Yes

If yes, have you attached a completed Source Protection Plan Pre-Application Screening Form?

No Yes

*Please note that this application may be delayed and/or refused if the proposed development offends the Source Protection Plan for the South Georgian Bay Lake Simcoe Source Protection Region. If the application requires detailed review by the Severn Sound Environmental Associations (SSEA), the Risk Management Office, a deposit of \$240.00 is required to cover such costs.

1. Application is being submitted for: (check one) New Sewage System()
 Repairs to Existing System() Addition/Renovations() Lot Suitability() Other():

2. Are test holes dug? Yes () No () will advise when () Date test holes were dug:

3. Have you submitted a concurrent building permit application?

4. Existing Form of Development (i.e. vacant lot, dwelling, commercial, etc.):

5. Proposed Form of Development (i.e. new dwelling/addition, garage, commercial expansion, etc.):

6. Is there a proposed change of use?

**Please note that this application is not a zoning compliance review or approval. Please contact the Township of Tiny Planning Department if you have questions.*

The building to be serviced has the following: (include roughed-in plumbing and any proposed additions)

No.of	Plumbing Fixtures	FUV	No. of separate dwelling units		Water Supply is:
	Bathroom Group		Total no. of bedrooms		[<input type="checkbox"/>] Existing or
	Toilets		Indicate FINISHED FLOOR AREA:		[<input type="checkbox"/>] Proposed
	Tubs / Showers		Basement:	m ²	Source:
	Hot Tubs / Spas		First Floor:	m ²	[<input type="checkbox"/>] Municipal/Communal
	Washbasins		Second Floor:	m ²	[<input type="checkbox"/>] Drilled Well
	Kitchen sinks		Third Floor:	m ²	[<input type="checkbox"/>] Dug or Bored Well
	Dishwashers		Addition:	m ²	[<input type="checkbox"/>] Sandpoint Well
	Garbage Grinders		Other:	m ²	[<input type="checkbox"/>] Lake, River or Stream
	Laundry Tubs		Total Area:	m ²	[<input type="checkbox"/>] Other (describe)
	Washing Machines				
	Other:				
	Other:				
TOTAL FIXTURES UNITS					

Is there a Water Filter [] and/or a Water Softener [] that backwashes into the sewer lines?
 (check ✓ if there is)

SEWAGE SYSTEM CALCULATIONS AND PROPOSAL

The proposed sewage system will be: (refer to Division B Part 8 of the Ontario Building Code for complete information)

Class 2.....a greywater system or leaching pit.....limited use

Class 3.....a cesspool.....restricted use, only to receive the contents of a Class 1 system

Class 4.....the standard sewage disposal system.....may be constructed with: a septic tank OR... a treatment unit, either of which will have a leaching bed built as absorption trenches OR... a filter bed OR area bed

Class 5.....a holding tank only.....restricted to corrective use and some temporary or limited uses

Provide minimum of 2 test holes in the area of the proposed leaching bed or tank and notify Tatham Engineering when they are ready.

With this application, provide 1 copy of a complete and detailed site plan, on legal or letter size paper.

Q = Total Daily Design Sewage Flow in Litres L = Length of Distribution Pipe in Metres T = Percolation Time of Soil

TOTAL DAILY DESIGN SANITARY SEWAGE FLOW (Expressed in Litres/day determined from above & from charts provided):	Q =
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SEPTIC TANK SIZE = Working Capacity of Septic Tank

Size = Q x 2 = _____ Litres

Note: In no case shall the working capacity of septic tank be less than 3600 litres.

Absorption Trenches (minimum required length of distribution pipe)

$L = \frac{Q \times T}{200} = \frac{X}{200} = \text{_____ Metres}$

NOTE: The total length of distribution pipe shall not be less than 40 metres.

NOTE: "T" is the design percolation time.

Loading area required = Q ÷ (4, 6, 8 or 10) = _____ sq. metres (see table 8.7.4.1.A O.B.C.)

NOTE: Loading area = unsaturated soil in area of bed and mantle.

Dug Into Existing Soil: m	Raised: m	Finished grade of bed. How Far Above Existing Soils?: m
# Of Runs of Tile:	Length of Runs: m	

Filter Bed (minimum required area)

If Q is 3000 litres or less = Q ÷ 75 _____ ÷ 75 = _____ m²

If Q is more than 3000 litres = Q ÷ 50 _____ ÷ 50 = _____ m²

NOTE: The effective area of the surface of the filter medium in each bed shall be at least 10m² and not more than 50m²

Base of Filter Medium 250mm thick shall extend over this area: $A = \frac{Q \times T}{850} = \frac{x}{850} = \text{_____ m}^2$

NOTE: "T" is the lesser of 50 and the percolation time of the underlying soil.

NOTE: Loading area = unsaturated suitable soil in area of bed and mantle

Loading area Required = Q ÷ (4, 6, 8 or 10) _____ m² (see table 8.7.4.1. O.B.C.)

Dug In Existing Soil: m	Raised: m	Finished grade of bed. How Far Above Existing Soils? m
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SEWAGE SYSTEM CALCULATIONS AND PROPOSAL, CON'T

TEST HOLES SHALL BE SIX FEET DEEP, OR TO BEDROCK OR WATER TABLE

TEST HOLE	Sub-surface conditions encountered			
	Rock or High Water Table	Depth (m)	Soil Type	"T" Time
		- 0 -		
		- 0.25 -		
		- 0.50 -		
		- 0.75 -		
		- 1.00 -		
		- 1.25 -		
		- 1.50 -		
		- 1.80 -		

IS A PUMP REQUIRED?

Yes	No	Raw Sewage	Effluent
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CLASS 5 – HOLDING TANK – PUMP OUT CONTRACT MUST BE PROVIDED

Concrete	Polyethylene	Other	
Size (L)	Alarm is -- Audio	And Visual	Pump Out Contract

(Size= Q x 7 day holding capacity)

THE CHARTS PROVIDED BELOW ARE FOR GUIDANCE PURPOSES ONLY
You should refer to the Ontario Building Code for current Regulations

TOTAL DAILY DESIGN FLOW RATES FOR RESIDENTIAL OCCUPANCY "Q" (Litres/Day)		Example of how to determine daily design flow rate:
Dwellings under 200 m ² (2150 ft ²)	L/Day	Using a 4 bedroom, 235 m ² home with 22 fixture units. From Chart on left: 4 bedroom home > 200 m ² <u>or</u> > 20 fixture units = 2,000 L/day additional 35 m ² = 400 L/day OR additional 2 fixture units = 100 L/day "Q" (total daily design flow rate) = 2,400 litres/day
(a) 1 bedroom-----	750	
(b) 2 bedrooms-----	1,100	
(c) 3 bedrooms-----	1,600	
(d) 4 bedrooms-----	2,000	
(e) 5 bedrooms-----	2,500	
(f) Additional flow for		
(i) Each Bedroom over 5-----	500	
(ii) (a) Each 10 m ² (or part thereof) over 200 m ² up to 400 m ² (3)	100	
(b) Each 10 m ² (or part thereof) over 400 m ² up to 600 m ² (3)	75	
(c) Each 10 m ² (or part thereof) over 600m ² (3), or	50	
(iii) Each fixture unit over 20 fixture units -----	50	

NOTES FOR TABLE 8.2.1.3.A.:

1. The occupant load shall be calculated using subsection 3.1.16.
2. Where multiple calculations of sewage volume is permitted the calculation resulting the highest flow shall be used in determining the design daily sanitary sewage flow.
3. Total finished area, excluding the area of the finished basement.

APPROXIMATE SOIL PERCOLATION RATE "T"
The following are estimated typical ranges of "T" times. Actual "T" times may vary significantly due to on-site soil conditions.

Soil Type ☞	Clean Med – Coarse Sand	Silty Gravelly Sands	Silty Sands Sandy Silts	Sandy Silty Clays	Silty Clays	Clay
"T" (min/cm) ☞	1 3	6	8 10 16	20 25 29	33 38	44 50+

LEGEND: < (LESS THAN) > (MORE THAN)

SIZING FORMULAS FOR COMPONENTS OF SEPTIC SYSTEMS BASED ON TOTAL DAILY DESIGN FLOW RATES		
Class 4 Filter Bed (surface area of filter medium in square metres)	If daily flow rate is < 3,000 L/day ÷ 75 If daily flow rate is > 3,000 L/day ÷ 50 Min. area of filter medium = 10 m ² Max. area of filter medium = 50 m ² (Over 50 m ² , requires 2 or more beds)	Example using the total flow rate from above: Flow rate = 2,400 L/day (which is <3,000 L/day) / A (area of bed) = 2,400 ÷ 75 = 32 m ²
Class 4 Trench Bed (total length of dist. pipe in metres)	Formula for conventional beds without secondary treatment units: L = QT ÷ 200 where: L is total length of pipe Q is total daily design flow rate T is soil percolation rate Minimum length of tile = 40 metres	Example using the total flow rate from above: Q = 2,400 L/day (flow rate from above) T = 6 min/cm (if using "typical" med – coarse sand) L (total length of distribution pipe) = QT ÷ 200 / L = (2,400 X 6 ÷ 200) = 72 metres
Septic Tank (litres)	Tank(s) must have a <u>minimum</u> working capacity of twice the daily design flow rate for residential occupancies. Minimum tank size – 3,600 litres	Example using the total flow rate from above of 2,400 litres per day then the minimum tank size would be: / Total Working Capacity 2 x 2,400 = 4,800 litres

CLEARANCE DISTANCES FOR COMPONENTS OF SEWAGE SYSTEMS (metres)

☞ If the bed is raised, add 2 metres for every 1 metre of rise	Wells (with 6 m of casing)	Wells (with no casing)	Springs Potable	Springs Not Potable	Surface Water (lake, river, etc.)	Property Lines	Dwellings/ Structures
Class 4 Distribution Pipe	15	30	15	15	15	3	5.0
Class 4 Septic Tank	15	15	15	15	15	3	1.5
Class 5 Holding Tank	15	15	15	15	15	3	1.5
Class 1 Privy	15	30	30	30	15	3	
Class 2 Grey – Water Pit	15	30	30	15	15	3	

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 sewage system.				
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). 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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
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>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>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>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>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>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. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Designer </p>			

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?			
<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)
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="text-align: center;">(print name)</p> <p>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>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. <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			