

Application for a review of an existing sewage disposal system

Required for building additions, renovations, additional buildings, and changes in use

Owners informa	ation: Name	Phone:	
Address:		Email:	
Subject propert	y if different from above:		
Address:		Township:	
Type of building	g:(house, seasonal dwelling, establishment)
Water supply:	Drilled well (depth of casing _ Dug or bored well		
Describe propo	sed changes: (Provide constru	uction drawings)	
What type of se		Existing sewage disposal system information:	
		_Owner at time:File number: _	
 If you h We ma Code a If you d approx 	have a copy of the "Installation by be able to determine if the e and your proposal. do not have a copy of the report imately 1980; note that we stil	n Report/Use Permit" issued for your e existing system is able to meet the requi rt, we can search our records for the in	existing system, please attach it. rements of the Ontario Building formation. Records date back to
cor wo fea	nduct a study on the existing rking condition and a site plar atures etc., is required. If found	of a professional engineer or a license g sewage system. A detailed report des n of the property including the sewag d to meet all the requirements of the O he existing system may be accepted. F	cribing the system design, ge system, buildings, water intario Building Code Regulations

may require a new system installation. Or,You may install a new sewage system; please use the "Application for a sewage system permit".

Note: A decrease in the "performance level" beyond the capacity of any component in the system may require compensating construction (upgrading).

Existing use

Number of:	Bedrooms	Showers & bathtubs	Wash basins	Laundry units	Toilets	Sinks	Floor drains	Other	Water Treatment devices*

Existing + New

Number of:	Bedrooms	Showers & bathtubs	Wash basins	Laundry units	Toilets	Sinks	Floor drains	Other	Water Treatment Devices*

m²

Total area of living space on property (includes guest cabins, bunkies, etc.)

*Note: These items should not drain water to a sewage disposal system.

Flow calculation chart	All other existing occupancies other than a house		
All other existing occ	upancies (Please provide a data matrix) ⁽²⁾ (3) (4) (5)	Volume (litres)	Flows
	Establishment listed (describe)		
	a)		
OBC Div. B	b)		
Table 8.2.1.3. B	c)		
	d)		
	Establishment not listed (Include address)		
Provide the highest of metered flow			
Design flow calculation	on "Q" A + B + C + D = Total daily design sewage flow: "Q",	litres/day	1

Site plan and existing sewage system layout (Show all structures and well locations, dimensions and separation distances for what is existing and proposed)



Owner's authorization

Date:	_	
Project municipal address:		
Legal description:		
Proposed work:		
do authorized the person indicated be	orthumberland County that I am/we are the legal owner(s) of the property des- low ("authorized agent") to act on my/our behalf on all matters pertaining to the ed agent to sign all related documents on my/our behalf. I understand that I s d in the permit.	ne building permit
Name of property owner(s): _		_
Mailing address:		-
City:	Postal code:	
Telephone:	Email:	_
Signature of property owner(s)		_
Name of authorized agent:		
Company name:		
Mailing address:		
City:	Postal code:	
Telephone:	Email:	
Signature of authorized agent:		

Note: All registered owners of the property shall sign an "Authorized Form". Use additional sheet if necessary. A new "Authorized Form" shall be submitted to Northumberland County if ownership of the property changes prior to issuance of the building permit or before final approval is granted.

Personal information contained in this form 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 Act, and the OBC. Questions about the collection of personal information may be addressed to the Senior Plumbing and Sewage System Inspector of Northumberland County.

Commitment to general reviews, architect/ engineers

This form to be completed by the owner or owner's authorized agent, and signed by all consultants retained for general review

Dort A. Owners undertaki

Part A: Owners undertaking						
Address of project: Municipality:						
WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in Ontario; NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:						
 The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the bases for issuance of a building permit in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO); 						
.		rs will be forwarded promptly to the Senior				
 Plumbing/Sewage System Inspector, and Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Senior Plumbing/ Septic System Inspector will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction. 						
The undersigned herby certifies that he/she has read and agrees to the above						
Name of owner:	Dat	te:				
Address of owner:						
Signature of owner (agent):						
Email:						
Coordinator of the work of all consultants:						
Address:						
	Part B: Consultants					
The undersigned architect and/or professional engineer(s) herby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of the building permit, in accordance with the performance standards of the OAA and/or PEO.						
To be completed by the consultants						
Mechanical: Site services (eg. sanitary, storm sewer, domestic water and/or fire service, septic system)						
Consultant name: Si	gnature:	_Print name:				
Telephone: Email:		_Address:				
Mechanical: Interior plumbing system						
Consultant name: Si	gnature:	_ Print name:				
Telephone: Email:		_Address:				

Alternative formats of information and communication available upon request