

Corporation of The Township of Stone Mills

4504 County Road 4, Centreville, ON K0K 1N0
Tel. (613) 378-2475 Fax. (613) 378-0033
Website: www.stonemills.com.



IMPORTANT INFORMATION FOR INSTALLERS, BUILDERS, AND HOMEOWNERS

Some important points to remember when planning for a new sewage system:

- 1. Are you planning to expand your house? Is there a possibility that the house will expand in the future (an addition, sleeping cabins, more bedrooms, or additional bathrooms)?**

If so, install a sewage system that will be capable of handling the additional increased sewage flows later on.

- 2. Are you planning on installing an in-ground or above ground pool?**

The location of your septic system should provide the required clearance distances from the pool. The sewage system could be located in the side, rear or front of your home, depending on your lot.

- 3. Are you planning on adding a deck, screened porch, or hot tub?**

If so, then the location of your septic tank (and leaching bed) is extremely important. A deck should have the same clearances as a structure from your sewage system. Septic tanks should not be covered by decks or used as footings for deck supports.

- 4. Are you planning on constructing a garage or other outbuildings?**

Garages and outbuildings require the same separation distances from sewage systems as a dwelling or structure. Your septic system's leaching bed should be located to accommodate future garages or other outbuildings.

- 5. Will your building plans include a walk out basement or a roughed-in bathroom in the basement?**

The walk out basement is considered living space, and our policies require that 50% of the basement square meterage is factored into the total living space. If you are roughing in a bathroom or other fixtures in the basement, they also must be added to the total fixture count.

- 6. Are you planning on planting trees near your leaching bed?**

It is recommended that trees be kept off the leaching bed and at least 20 feet (6m) from any distribution pipes.

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7. When will you receive your final inspection report?

If the sewage system has been backfilled and had topsoil applied, the Township of Stone Mills must be notified by the contractor or homeowner. The final inspection report will be issued when the inspector confirms that the sewage system has been completed properly.

If you have any questions about the above, please contact the Chief Building Official.

Fees

Permit Type	Permit Fee
Septic Permit – Class 2, Class 3, Class 4, Class 5	\$950.00
Septic Tank Replacement Only	\$500.00
Planning Act Application (Minor Variance, Consent and Zoning By-Law Amendment Applications) Septic Review	\$500.00
Subdivision or Condominium Applications	\$500.00 per lot
Performance Review for renovations additions and garages	\$250.00
File Searches	\$100.00
All fees as per By-Law 2020-1051	

Information about sewage systems and the Ontario Building Code can also be found on the website at www.stonemills.com

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APPLICATION FOR A PERMIT TO INSTALL/UPGRADE REPLACE/ OR ENLARGE A SEWAGE SYSTEM

The attached forms are to be completed accurately and correctly. Forms that are not completed fully will not be processed.

Please ensure the following sections are completed.

APPLICATION FOR A PERMIT TO CONSTRUCT OR DEMOLISH

- A.** Complete all sections, except for project value and area of work.
- B.** Corporation or partnership, fax and cell are optional.
- C.** Complete as required, if applicant is different from owner.
- D.** Information about builder, if builder is applying for permit.
- E.** Purpose of application, check applicable box. Proposed use of building (i.e. residential, commercial.)
- F.** If builder is applying, complete this section.
- G.** Applicant must sign and date application, otherwise an authorization letter must accompany application.

SCHEDULE 2: SEWAGE SYSTEM INSTALLER INFORMATION

- A.** Complete all where possible.
- B.** Complete as applicable.
- C.** Complete as applicable, include BCIN (Building Code Identification Number) of Sewage Installation Company.
- D.** Complete as required, if more than one supervisor will oversee job, include both (all) – BCIN numbers.
- E.** Applicant to print name and sign, (or authorization form as required).

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SCHEDULE 1: DESIGN INFORMATION

Page 2

This part of the application pertains to a new sewage system or replacement/enlargement etc. where a registered designer has prepared the design.

SEWAGE SYSTEM PLANS AND SPECIFICATIONS

Page 5, Provide directions to the property, and fill in all sections where applicable.

Page 6, Fill in all sections where applicable.

Page 7, Fill in all sections where applicable.

Page 8, Sketch page, ensure diagram is to scale and is fully completed.

If you have any questions about completing the forms or any other information about the sewage system program please contact the Compliance Coordinator or the Chief Building Official at the municipal office.

Completed Applications

Completed applications can be submitted in person to at the municipal office or sent by e-mail to the Compliance Coordinator or Chief Building Official

Compliance Coordinator

James Richmond
E-mail jrichmond@stonemills.com

Chief Building Official

Jacob Detlor
E-mail: jdetlor@stonemills.com

Municipal Office

4504 County Road 4, Centreville, Ontario K0K 1N0
Telephone: (613) 378-2475 or
www.stonemills.com

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: <u>TOWNSHIP OF STONE MILLS</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>				
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				
New Construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building	Current use of building			
Description of proposed work				
C. 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	
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.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	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.			Yes	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> .			Yes	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.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	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]			
House	HVAC - House	Building Structural	
Small Buildings	Building Services	Plumbing - House	
Large Buildings	Detection, Lighting and Power	Plumbing - All Buildings	
Complex Buildings	Fire Protection	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><input type="checkbox"/> 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 style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Firm BCIN: _____</p> <p><input type="checkbox"/> 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 style="padding-left: 40px;">Individual BCIN: _____</p> <p style="padding-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="padding-left: 40px;">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="text-align: center;"> 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><input type="checkbox"/> 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><input type="checkbox"/> 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> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date Signature of applicant</p>			



SEWAGE SYSTEM SPECIFICATIONS PAGE

OFFICE USE ONLY	Application #
Name:	Date Submitted:
Fee #	Fee \$
Renewal Date:	Entered:

Structure:	New Existing	Residential Commercial	If the sewage system is non-residential, attach a separate copy of the specifications and plans.
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# of Bedrooms:	Fixture Units: Complete Table 2	Total Finished Area:	Daily Design Sewage Flow (Q)*:	Septic Tank Capacity (2 x Q):
_____	_____	_____ m ²	_____ L/day	_____ L
		<input type="checkbox"/> Walkout basement	(minimum of 3600L)	

Water Supply:	Proposed Existing	*Backwash water from any water treatment unit (i.e. water softener) must be accounted for in the sewage system design.			
		Drilled Well Casing Depth	m	Dug/Bored/Blasted Well Sandpoint/Drivepoint	Municipal Cistern Surface Water Shore Well

Soils
Indicate soil types (sand, silt, clay), bedrock, and the high ground water table below.

(m) Test Pit

0.0 _____
0.3 _____
0.6 _____
0.9 _____
1.2 _____
1.5 _____

Estimated Percolation Rate of Native Soil: T = _____ min/cm

Tested Percolation Rate of Imported Soil: T = _____ min/cm

Holding Tank Capacity (7 x Q): (Class 5 Only)
_____ L (minimum of 9000L)

Class 4 Sewage System Type:
Conventional Leaching Bed Chamber System Leaching Bed Filter Media Bed Shallow Buried Trenches Type A Dispersal Bed* Type B Dispersal Bed*

* These sewage systems **require** a Level IV treatment unit certified to the CAN/BNQ 3680-600 standard, or a treatment unit described in Supplementary Standard SB-5.

Treatment Unit:
Level II Level III Level IV
Service Agreement Provided

Manufacturer: _____
Model: _____
BMEC Authorization Provided

Conventional Leaching Bed: (minimum 40m)
Total distribution pipe = _____ m
Mantle required Pump required

Chamber System Leaching Bed: (minimum 40m)
Total chamber length = _____ m
Manufacturer: _____
Model: _____
of pieces: _____
Mantle required Pump required

Filter Media Bed:
Loading Area: _____ m ²
Contact Area: _____ m ²
Total distribution pipe = _____ m
Mantle required Pump required

Shallow Buried Trenches: (minimum 30m)
Total trench length = _____ m

Method of Subsurface Detection:
Magnetic
Tracer wire (14 gauge plastic coated)
Other means: _____

Type A Dispersal Bed:
Stone Layer Area: _____ m ²
Sand Layer Area: _____ m ²
Mantle required

Type B Dispersal Bed:
Stone Layer Area: _____ m ²
Linear Loading Rate: 50 L/m 40 L/m
Pump Chamber Capacity: _____ L

Loading Rate (from Table 3):
Q _____ ÷ _____ L/m ² /day
= _____ area (m ²)

Recommendations/Conditions (for office use only):

SEWAGE SYSTEM PLANS PAGE

APPLICATION NO: _____

NAME: _____

LOT DIAGRAM AND SEWAGE SYSTEM PLAN: Drawing must be **accurate** and to **scale**. Indicate north point and show:

- (a) Location of sewage system components (e.g. tanks, leaching bed, direction of mantle, etc). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbours), existing on-site systems, driveways, property lines, lakes, rivers, springs, water courses, swimming pools
- (b) Lot dimensions, topographic features (e.g. swamps, steep slopes) near system. 1 square = _____(m / ft) **DRAW TO SCALE**

Benchmark:

SEWAGE SYSTEM CROSS SECTION (FOR NEW SEWAGE SYSTEMS ONLY)

APPROVED REJECTED (See recommendations on previous page.)

Permit to install a Class 2, 3, 4, 5 Sewage System under section 8-(1) (2) of the Building Code Act, S.O. 1992, C.23.

This permit is issued to the owner to construct, install, alter, extend, enlarge or continue to use a Class _____ Sewage system.

Any person who is not issued a permit may apply to the Building Code Commission for any issues involving the Building Code or Compliance to the Code.

Approved by:

Inspector: _____

Date: _____

Chief Building Official: _____

Date: _____