

# 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](http://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
<b>All fees as per By-Law 2020-1051</b>	

Information about sewage systems and the Ontario Building Code can also be found on the website at [www.stonemills.com](http://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](mailto:jrichmond@stonemills.com)

### **Chief Building Official**

Jacob Detlor  
E-mail: [jdetlor@stonemills.com](mailto:jdetlor@stonemills.com)

### **Municipal Office**

4504 County Road 4, Centreville, Ontario K0K 1N0  
Telephone: (613) 378-2475 or  
[www.stonemills.com](http://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> (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 <sup>2</sup> )		
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: <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		

<b>E. Builder (optional)</b>				
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	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
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): _____				
<b>G. Required Schedules</b>				
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.				
<b>H. Completeness and compliance with applicable law</b>				
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
<b>I. Declaration of applicant</b>				
<p>I _____ declare that:</p> <p>(print name)</p> <ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>_____</p> <p>Date Signature of applicant</p>				

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="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-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="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-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="margin-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>The information contained in this schedule is true to the best of my knowledge.</li> <li>I have submitted this application with the knowledge and consent of the firm.</li> </ol>			
Date		Signature of Designer	

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

<b>A. Project Information</b>					
Building number, street name				Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description			
<b>B. Sewage system installer</b>					
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)	
<b>C. Registered installer information (where answer to B is “Yes”)</b>					
Name				BCIN	
Street address				Unit number	Lot/con.
Municipality	Postal code	Province	E-mail		
Telephone number (     )	Fax (     )	Cell number (     )			
<b>D. Qualified supervisor information (where answer to section B is “Yes”)</b>					
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)			
<b>E. Declaration of Applicant:</b>					
I _____ declare that: (print name)					
<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;					
<u>OR</u>					
<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.					
I certify that:					
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.					
_____ Date		_____ Signature of applicant			



<b>Directions:</b>                     	<b>Map:</b>                    
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### **SOILS CERTIFICATION**

I, \_\_\_\_\_ (Licensed Installer under Section 3.3 of the Building Code Act), verify that the material used in the construction of the sewage system, under the permit herein, meets the requirements of the Ontario Building Code, the percolation rate identified on the permit and the soils analysis submitted to Township of Stone Mills from:

\_\_\_\_\_  
(Name of pit)

*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.

Township of Stone Mills may require you to submit soil samples for analysis.

\_\_\_\_\_  
Licensed Installer's Signature

\_\_\_\_\_  
Date

### **OWNER AUTHORIZATION**

I/we, \_\_\_\_\_, being the legal owner(s) of the property described as Lot \_\_\_\_\_, Concession \_\_\_\_\_, Parts(s)/Sublot(s) \_\_\_\_\_ of Plan \_\_\_\_\_, in the Municipality of \_\_\_\_\_, located at Civic Address \_\_\_\_\_, certify that \_\_\_\_\_ is authorized to submit an Application to Construct or Demolish to Township of Stone Mills for the purposes of installing a sewage system in accordance with Ontario Regulation 332/12, and to act as my/our representative for any associated site inspections.

I/we certify that all information and material provided for the purpose of this application is accurate.

Signature of Legal Owner(s): \_\_\_\_\_



## SEWAGE SYSTEM SPECIFICATIONS PAGE

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

<b>Structure:</b> New Residential Existing Commercial		If the sewage system is non-residential, attach a separate copy of the specifications and plans.	
<b># of Bedrooms:</b> _____	<b>Fixture Units:</b> Complete Table 2 _____	<b>Total Finished Area:</b> _____ m <sup>2</sup> <input type="checkbox"/> Walkout basement	<b>Daily Design Sewage Flow (Q)*:</b> _____ L/day
		<b>Septic Tank Capacity (2 x Q):</b> _____ L (minimum of 3600L)	
<b>Water Supply:</b> Proposed Existing	Drilled Well Casing Depth _____ m	Dug/Bored/Blasted Well Sandpoint/Drivepoint _____	Municipal Cistern Surface Water Shore Well
<b>Soils</b> 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		<b>Holding Tank Capacity (7 x Q): (Class 5 Only)</b> _____ L (minimum of 9000L)	<b>Conventional Leaching Bed: (minimum 40m)</b> Total distribution pipe = _____ m Mantle required _____ Pump required _____
		<b>Class 4 Sewage System Type:</b> Conventional Leaching Bed Chamber System Leaching Bed Filter Media Bed Shallow Buried Trenches Type A Dispersal Bed* Type B Dispersal Bed*	<b>Chamber System Leaching Bed: (minimum 40m)</b> Total chamber length = _____ m Manufacturer: _____ Model: _____ # of pieces: _____ Mantle required _____ Pump required _____
<b>Method of Subsurface Detection:</b> Magnetic Tracer wire (14 gauge plastic coated) Other means: _____		* These sewage systems <b>require</b> a Level IV treatment unit certified to the CAN/BNQ 3680-600 standard, or a treatment unit described in Supplementary Standard SB-5.  <b>Treatment Unit:</b> Level II Level III Level IV Service Agreement Provided  Manufacturer: _____ Model: _____ BMEC Authorization Provided	<b>Filter Media Bed:</b> Loading Area: _____ m <sup>2</sup> Contact Area: _____ m <sup>2</sup> Total distribution pipe = _____ m Mantle required _____ Pump required _____
<b>Type A Dispersal Bed:</b> Stone Layer Area: _____ m <sup>2</sup> Sand Layer Area: _____ m <sup>2</sup> Mantle required		<b>Type B Dispersal Bed:</b> Stone Layer Area: _____ m <sup>2</sup> Linear Loading Rate: 50 L/m 40 L/m Pump Chamber Capacity: _____ L	<b>Shallow Buried Trenches: (minimum 30m)</b> Total trench length = _____ m
			<b>Loading Rate (from Table 3):</b> Q _____ ÷ _____ L/m <sup>2</sup> /day = _____ area (m <sup>2</sup> )

**Recommendations/Conditions** (for office use only):

# SEWAGE SYSTEM CALCULATION PAGE

## 1. Daily Design Sewage Flow (Q)

Table 1 DDSF for bedrooms: \_\_\_\_\_ L/day (A)

Table 2 Total fixture units: \_\_\_\_\_

Each fixture unit over 20: \_\_\_\_\_ x 50

= \_\_\_\_\_ L/day (C)

Total finished area: \_\_\_\_\_ m<sup>2</sup> **ENTER VALUES AS REQUIRED**

For every 10m<sup>2</sup> over 200m<sup>2</sup>, up to 400 m<sup>2</sup>: \_\_\_\_\_ x 100 = \_\_\_\_\_ L/day

For every 10m<sup>2</sup> over 400m<sup>2</sup>, up to 600 m<sup>2</sup>: \_\_\_\_\_ x 75 = \_\_\_\_\_ L/day

For every 10m<sup>2</sup> over 600m<sup>2</sup>: \_\_\_\_\_ x 50 = \_\_\_\_\_ L/day

For total DDSF, add (A) to the larger of (B) or (C):

(B) Total DDSF for floor area: \_\_\_\_\_ L/day

DDSF (Q): (A) \_\_\_\_\_ + (B or C) \_\_\_\_\_ = \_\_\_\_\_ L/day (Q)

## 2. Leaching Bed Size (m)

L = total length of distribution pipe

T = percolation time of native or imported soil

Q = Daily Design Sewage Flow

Conventional

Treatment Systems/Chambers

L = (Q) \_\_\_\_\_ x \_\_\_\_\_ (T) = \_\_\_\_\_ m  
200

L = (Q) \_\_\_\_\_ x \_\_\_\_\_ (T) = \_\_\_\_\_ m  
300

## 3. Filter Bed Loading Area (m<sup>2</sup>)

If Q ≤ 3000 L/day, use Q ÷ 75

If Q > 3000 L/day, use Q ÷ 50

Level II-IV treatment unit only, use Q ÷ 100

Loading Area = (Q) \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup>

## 4. Filter Bed Contact Area (m<sup>2</sup>)

Contact Area = (Q) \_\_\_\_\_ x \_\_\_\_\_ (T) = \_\_\_\_\_ m<sup>2</sup>  
850

\*Use T of native soil; if Contact Area < Loading Area, use Loading Area for both values

## 5. Shallow Buried Trenches (m)

See Table 4.

L = (Q) \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m

## 6. Type A Dispersal Bed (m<sup>2</sup>)

Stone Layer: If Q ≤ 3000 L/day, use Q ÷ 75

If Q > 3000 L/day, use Q ÷ 50

Sand Layer: If 1 < T ≤ 15 if T > 15  
use: 850 use: 400

Stone Layer = (Q) \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ m<sup>2</sup>

Sand Layer = (Q) \_\_\_\_\_ x \_\_\_\_\_ (T) = \_\_\_\_\_ m<sup>2</sup>

\*Use T of native soil; if Sand Layer area < Stone Layer area, use Stone Layer area for both values

## 7. Type B Dispersal Bed (m<sup>2</sup>)

Linear Loading Rate: If T < 24 min, use 50 L/m  
If T ≥ 24 min, use 40 L/m

Area = (Q) \_\_\_\_\_ x \_\_\_\_\_ x (T) = \_\_\_\_\_ m<sup>2</sup>  
400

Pump chamber capacity: Q = \_\_\_\_\_ L

**Table 1 – DDSF Values for Bedrooms**

(Ontario Building Code, Division B, Part 8, Table 8.2.1.3.A.)

Bedrooms	L/day	Bedrooms	L/day
1	750	4	2000
2	1100	5	2500
3	1600	Per bedroom over 5	500

**Table 2 – Fixture Units**

(Ontario Building Code, Division B, Part 7, Table 7.4.9.3.)

	# of Units	Total
Bathroom Group (3-4 piece bathroom)	_____ x 6.0 =	_____
Bathtub (with or without shower)	_____ x 1.5 =	_____
Toilet	_____ x 4.0 =	_____
Clothes Washer	_____ x 1.5 =	_____
Dishwasher	_____ x 1.0 =	_____
Laundry Tubs	_____ x 1.5 =	_____
Shower Drain	_____ x 1.5 =	_____
Sinks	_____ x 1.5 =	_____
Other	_____ x _____ =	_____
<b>TOTAL</b>		<b>= _____</b>

**Table 3 – Loading Rates for Fill Based Absorption Trenches/Filter Beds**  
(Ontario Building Code, Division B, Part 8, Table 8.7.4.1.)

Percolation Time (T) of Soil, min	Loading Rates, (L/m <sup>2</sup> )/day
1 < T ≤ 20	10
20 < T ≤ 35	8
35 < T ≤ 50	6
T > 50	4

**Table 4 – Shallow Buried Trench Length**  
(Ontario Building Code, Division B, Part 8, Table 8.7.3.1.)

Percolation Time (T) of Soil, min	Length of Distribution Pipe, m
1 < T ≤ 20	Q/75
20 < T ≤ 50	Q/50
50 < T < 125	Q/30

## APPLICATION NO: \_\_\_\_\_

Township of Stone Mills – Page 8