



Township of
Leeds and the
Thousand Islands

Class 4 - Septic System

Sewage System Application and Information Guide

Municipal Office

1233 Prince Street
P.O. Box 280
Lansdowne, Ontario
K0E 1L0
Phone: 613-659-2415
www.leeds1000islands.ca

Office Hours

Mon – Fri 9:00 am – 4:30 pm

Inspections

[buildinginspections@
townshipleeds.on.ca](mailto:buildinginspections@townshipleeds.on.ca)

General Inquiries and Application Submissions

Building Assistant
Ext. 206
[buildingassistant@
townshipleeds.on.ca](mailto:buildingassistant@townshipleeds.on.ca)

Building Code Inquires

Chief Building Official
Ext. 210
cbo@townshipleeds.on.ca

Class 4 – Septic System Application Checklist

Items Required for a Complete Class 4 Application Submission

- Complete Application. Ensure it is signed by the owner or an authorized agent. If an agent is acting on your behalf, please complete the letter of authorization (attached)
- Copy of Deed (if not registered owner on file)
- Filter Sand Affidavit (attached)
- Septic Stone Affidavit (attached)
- Sewage System Design Criteria (attached)
- Well Record Verification Form (attached)
- Site plan showing location of the proposed septic tank, bed, and mantle in relation to property lines, all other structures, waterbodies, all existing or proposed wells, as well as existing wells on neighbouring properties
- Approvals from agencies considered applicable law such as:
 - Cataraqui Region Conservation Authority (CRCA)
Kristen Wozniak: 613-546-4228 ext. 288
www.crca.ca
- Other permit and/or approvals may also be required from:
 - The St. Lawrence Parks Commission: 613-543-3704
www.parks.on.ca
 - Electrical Safety Authority (ESA): 1-877-372-7233
Esasafe.com
 - Ministry of Transportation – Eastern Region (MTO)
Stephen Kapusta: 613-545-4834
Stephen.Kapusta@Ontario.ca
- Pay all applicable fees according to the fees bylaw as amended (attached). Fees can be received by cash, cheque, or debit only

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				
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>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;"> _____ 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?			
Yes (Continue to Section C)		No (Continue to Section E)	
		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="display: flex; justify-content: space-between;"> Date Signature of applicant </p>			



SEWAGE SYSTEM DESIGN CRITERIA

Number Of:	Bedrooms/Units /Sleeping Cabins	People	Floor * Area (m2)	Fixture Units
Proposed				
Existing (if applicable)				
TOTAL				

Water Supply:

- Proposed Existing
 Dug or Bored Well
 Drilled Well Casing Depth: _____
 Water Treatment Units
 Other: _____

***Walk out Basement?**

- Yes No

If yes, finished floor area of house includes 50% of floor space of walk-out basement.

Fixture Unit Count (Please complete the following table:)

Description of Fixtures	Total #	X (Multiply)	Fixture Units	Total
Bathroom (3 or 4 piece bathroom)		x		
Water Closet (tank toilet)		x		
Each Sink		x		
Bathtub or Shower		x		
Dishwasher		x		
Clothes Washing Machine		x		
Single or Double Laundry Tub		x		
Other		x		
Total				

Subsurface Soil Condition - To Be completed by Owner/Agent/Designer

Three test locations are required. Depth in metres to bedrock, water table and description of soil type are to be shown for each soil profile.

0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -
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DESIGN PERCOLATION RATEmin/cm Native Soil Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

<p>Leaching Bed Profile</p> <hr/> <p>Water Table/Bedrock/Impervious Soil</p>	<p>Leaching Bed Design Calculations</p>
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<p>Working Capacity of Septic/Holding Tank (Litres)</p>	<p>Tertiary Treatment if Applicable</p>	<p>Length of Distribution Pipe (Metres)</p>
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**AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE
SYSTEM PERMIT BY A PERSON OTHER THAN THE
LEGAL OWNER**

I, _____, being the legal owner of the subject
property described as roll number _____,
and civic address _____,
authorize:

Name: _____

Company Name (if applicable): _____

Mailing Address: _____

Phone Number(s): _____

to apply for a Sewage System Permit and associated site inspection on my behalf.

Signature of Legal Owner



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AREA BED METHOD - DRAWING NOT TO SCALE

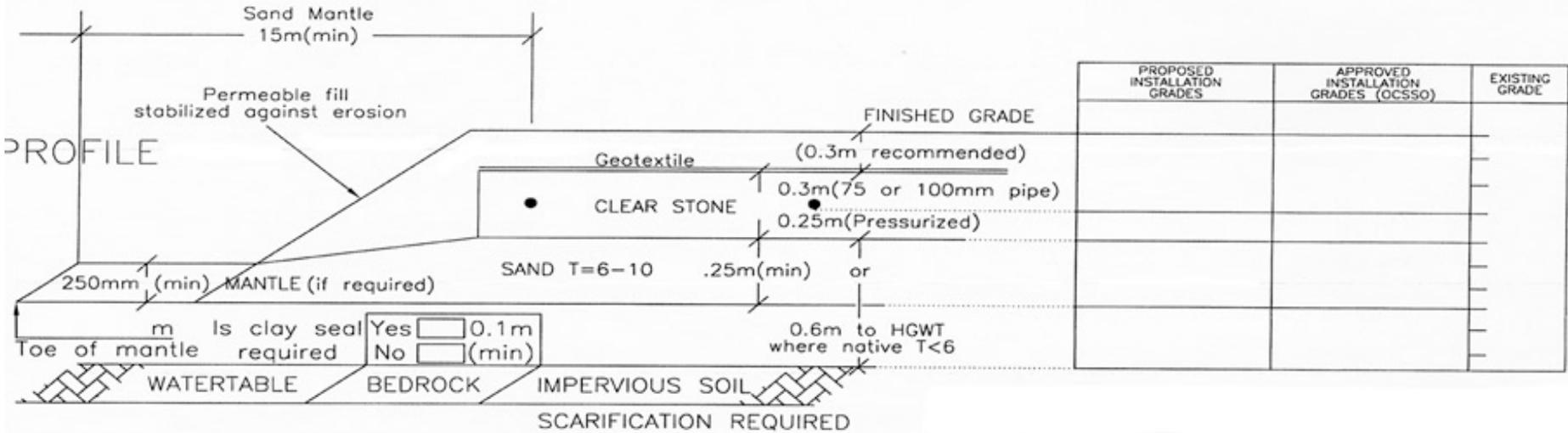
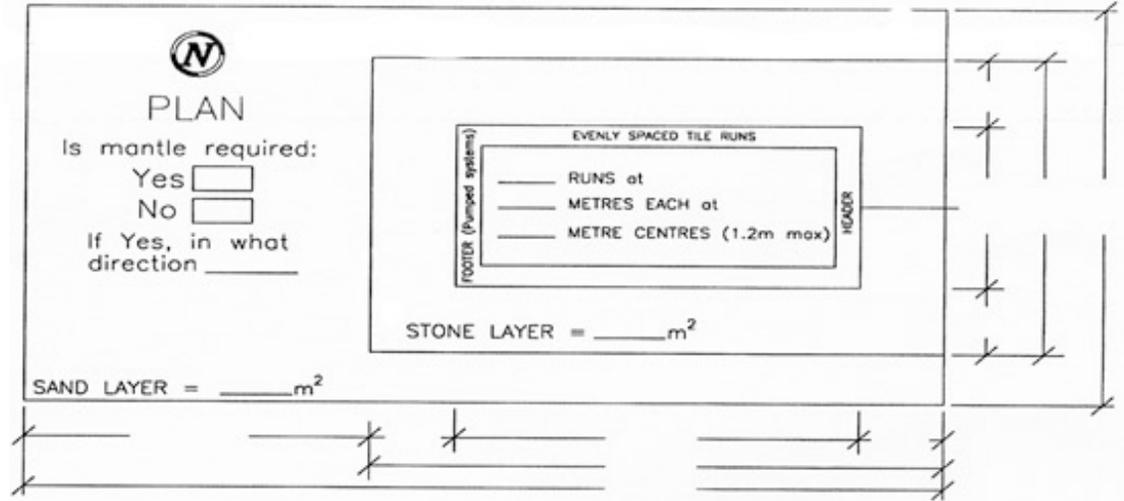
Septic Permit #: _____

Revision: _____

Applicant: _____

Scarification Required: ___ Yes ___ No

Date: _____





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FILTER MEDIA METHOD - DRAWING NOT TO SCALE

Septic Permit #: _____

Revision: _____

Applicant: _____

Scarification Required: Yes No

Date: _____



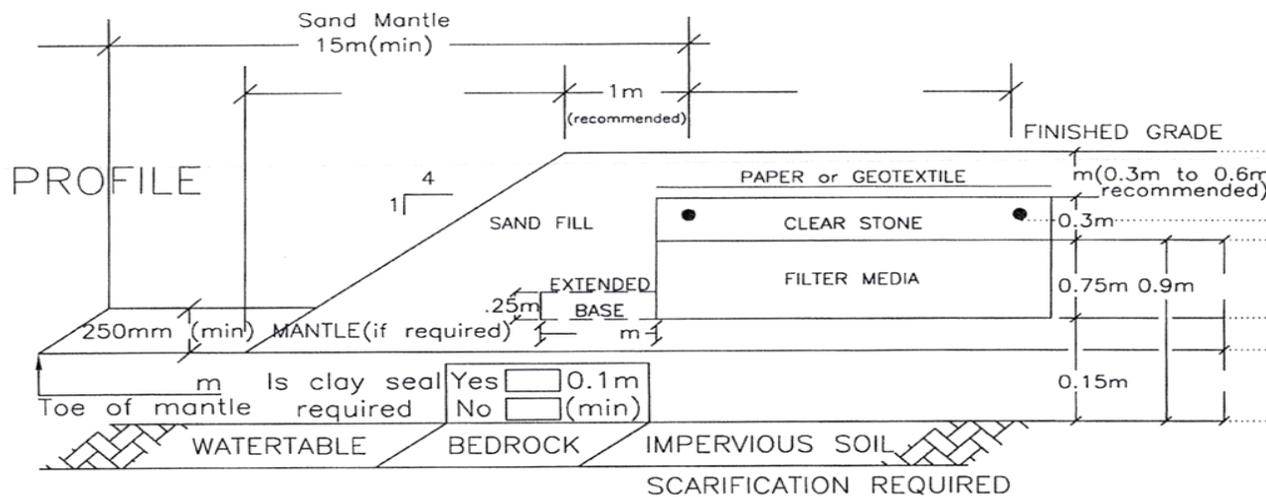
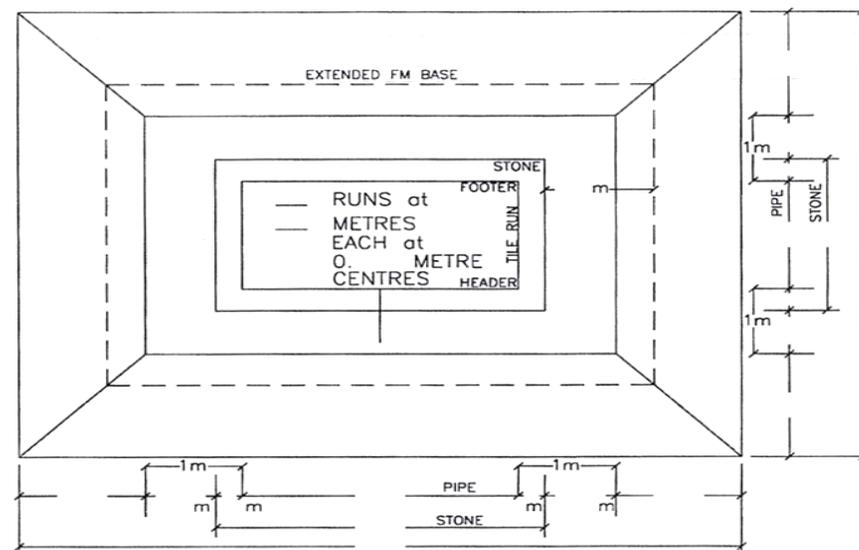
PLAN

Is mantle required:

Yes

No

If Yes, in what direction _____



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE



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OPEN BOTTOM BIO-FILTER METHOD - DRAWING NOT TO SCALE

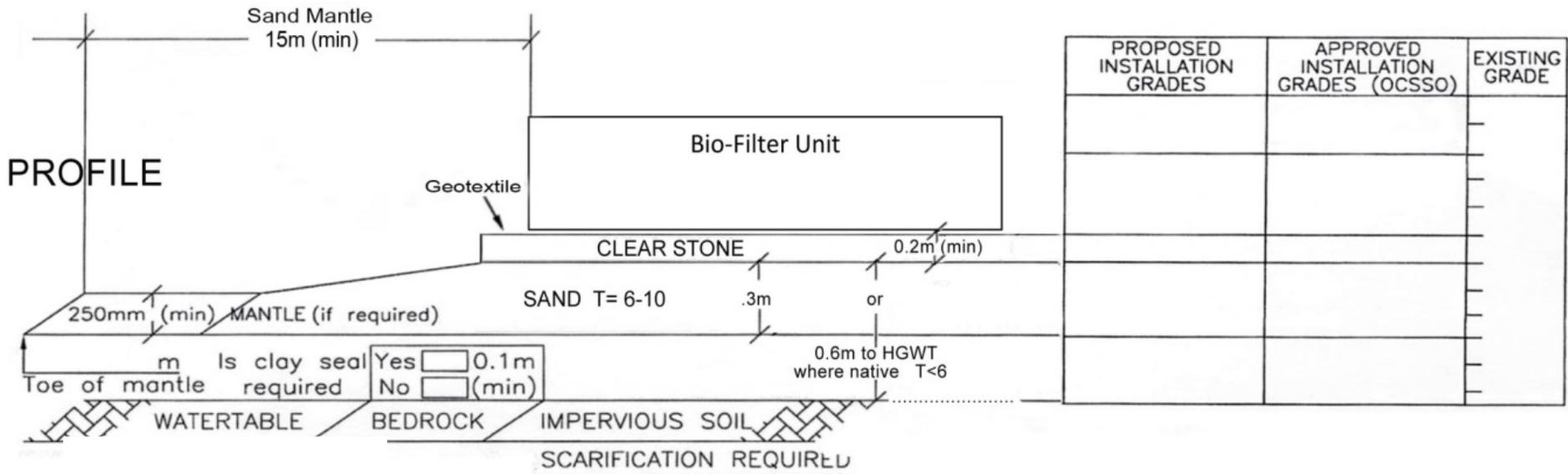
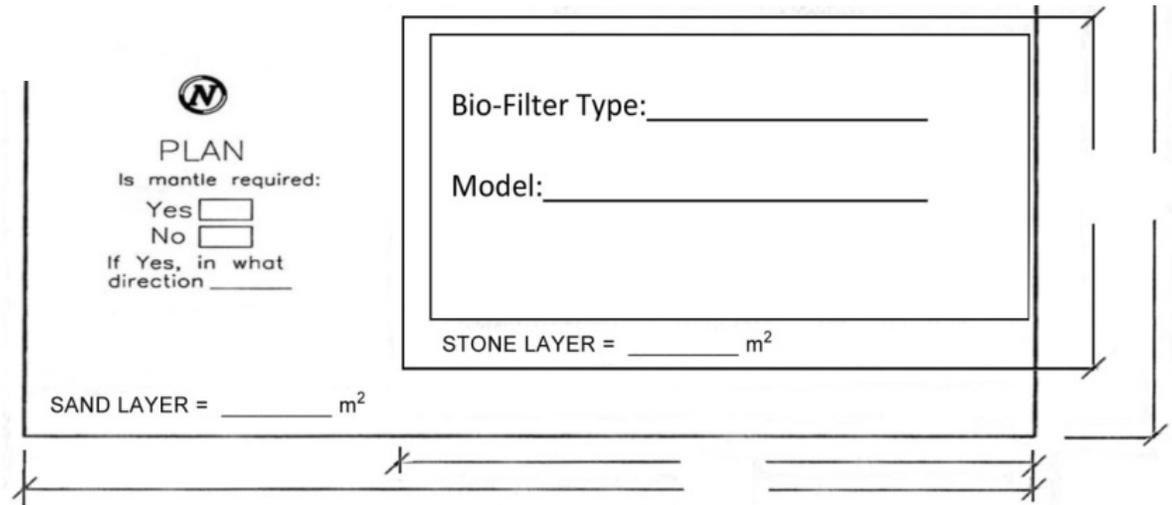
Septic Permit #: _____

Revision: _____

Applicant: _____

Scarification Required: Yes No

Date: _____





Township of
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ABSORPTION TRENCH METHOD - DRAWING NOT TO SCALE

Septic Permit #: _____

Revision: _____

Applicant: _____

Scarification Required: ___ Yes ___ No

Date: _____



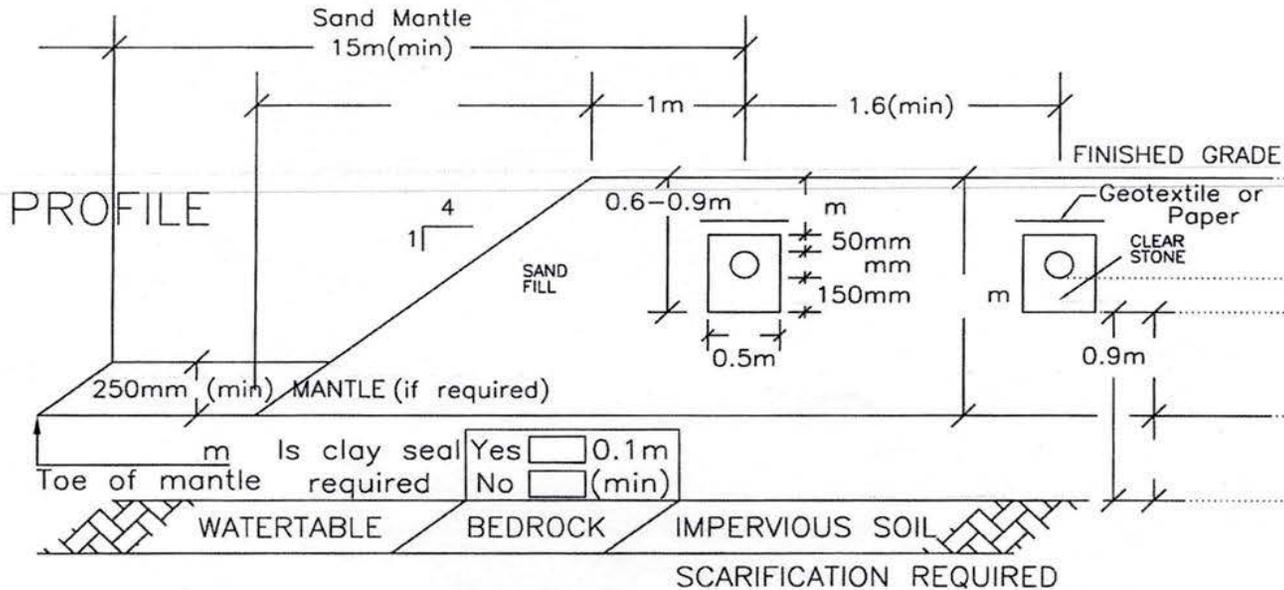
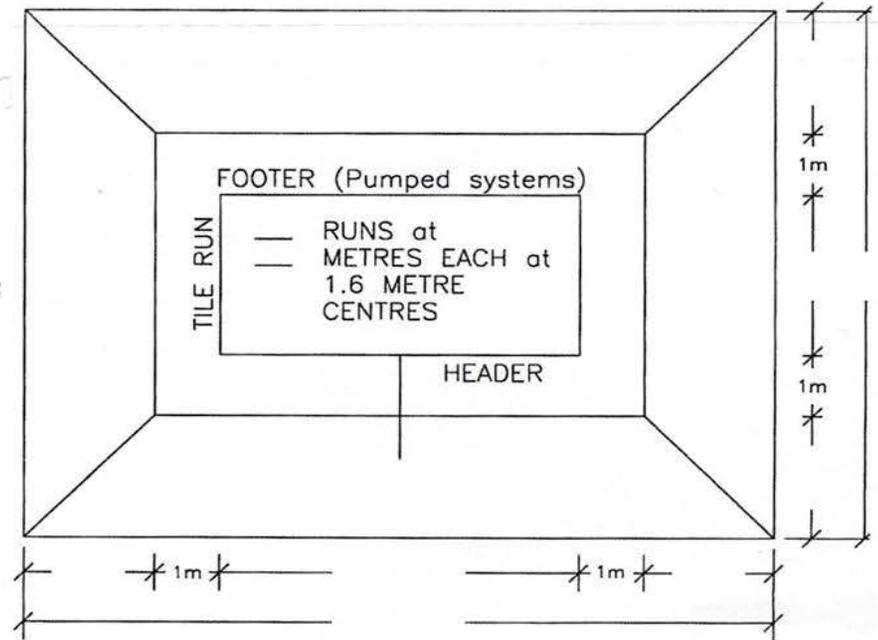
PLAN

Is mantle required:

Yes

No

If Yes, in what direction _____



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE



Township of
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**SEPTIC STONE AFFIDAVIT
SEWAGE DISPOSAL SYSTEM**

Name of Septic Stone **SUPPLIER:** _____

I, (We) certify that the stone for the installation of a Sewage Disposal System conforms to the requirements of Ont. Regulation 350/06 Section 8.7.3.3(5)(a) under the Building Code Act of Ontario and has been supplied to: _____ for the

(Installer/Contractor)

installation of a sewage system under Permit Number: _____

(Permit Number)

Signed: _____
(Pit Owner/Operator)

Date: _____
(day/month/year)

Affidavit developed by: _____



**FILTER MEDIUM AFFIDAVIT – CLASS 4
SEWAGE DISPOSAL SYSTEM**

Name of Filter Medium **SUPPLIER:** _____

I, (We) certify that the Filter Medium for the installation of a Class 4 Sewage Disposal System conforms to the requirements of Ont. Regulation 350/06 Section 8.7.5.3(3) under the Building Code Act of Ontario and has been supplied to: _____ for the

(Installer/Contractor)

installation of a filter bed under Permit Number: _____

(Sewage System Permit Number)

The filter medium shall be clean sand comprised of particles ranging in size between the limits of:

- a) an effective size of 0.25 millimetres with a uniformity coefficient not less than 3.5,
- b) an effective size of 2.5 millimetres with a uniformity coefficient not greater than 1.5, and
- c) having a uniformity coefficient not greater than 4.5

Signed: _____
(Pit Owner/Operator)

Date: _____
(day/month/year)

Affidavit developed by: _____

Schedule A to By-law Number 22-050

**Schedule "C" To By-Law 21-061, As Amended
Fees for Building Permits**

Septic Permit and Review Fees		
	Proposed Fee	Health Unit Fee
Sewage system permit	\$850	\$721
Tertiary sewage system permit	\$1,050	\$798
Permit Renewal/Revision with no inspection	\$150	\$62
Permit Renewal/Revision with site inspection	\$280	\$206
Permit Revision/change of installer	\$75	\$62
Septic Tank Replacement, alterations to existing system	\$450	\$360
Maintenance/performance/site inspection	\$250	\$206
Review of Planning Application: Minor Variances	\$215	\$206
Zoning Amendments		
Severance Applications/lot	\$475	\$443
*Multiple Severances more than 1 application on same property if submitted at the same time	\$200	\$180
Subdivision Plan Review (non communal system)	\$200/lot to max of \$5,000 + 13% HST	\$200/lot to max of \$5,000 + 13% HST
File Search	\$110	\$103
Permit to Decommission Septic System	\$150	
Review for Pool Installation	\$150	