



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@townshireeds.on.ca

General Inquiries and Application Submissions

Building Assistant
Ext. 206
buildingassistant@townshireeds.on.ca

Building Code Inquires

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

Class 4 – Septic System Application Checklist

Items Required for a Complete Class 4 Application Submission

- Completed Application
- Copy of Deed (if not registered owner on file)
- Owner/Authorized Agent Responsibility Form
- Agent Authorization Form (required if the property owner is not submitting the application)
- Plot Plan (sample attached). A plot plan may be hand drawn but it must be clear and drawn to scale. It must demonstrate the location of the proposed grey water system in relation to property lines, other structures, waterbodies, existing wells or proposed wells, as well as existing wells on neighbouring properties.
- Sewage System Design Criteria (attached)
- Well Record Verification Form (attached)
- Approvals from these agencies may be required prior to the issuance of a building permit. Agencies include:

Agency and Contact Information	Permit Requirement
Cataraqui Region Conservation Authority 613-546-4228 https://cataraquiconservation.ca/pages/planning-staff	Development is within a regulated area of a waterbody, watercourse, wetland, etc.
St Lawrence Parks Commission 613-543-3704	Proximity to the 1000 Islands Parkway
Ministry of Transportation – Eastern Region (MTO) https://www.hcms.mto.gov.on.ca/	Proximity to a Provincial Highway

- Payment of the applicable administration fees. Forms of payment taken at the Office are cash, cheque or debit only. Credit cards are not accepted.
 - Sewage System Permit Fee = \$850
 - Tertiary Sewage System Permit Fee = \$1050
 - Septic Tank Replacement, Alterations to an Existing System = \$450

Forms Required at Pre-Backfill Inspection

- Filter Sand Affidavit (attached)
- Septic Stone Affidavit (attached)

Important Notes

- For sewage systems over 10,000L approval from the Ministry of Environment, Conservation and Parks is required.
- If the application for a sewage system is being submitted on a vacant lot and/or prior to submission of a building permit application for a dwelling, the following will be required:
 - An approved entrance permit from the applicable road authority. Private lanes are exempt from this requirement.
 - A civic address is required to be assigned to the property prior to the issuance of a building permit. If one has not been assigned, then the owner/authorized agent will be responsible for completing the civic address application form and paying all associated fees. The blade/post must be installed prior to work commencing. A civic address will be issued once an approved entrance permit from the applicable road authority has been provided.

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
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
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
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
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

E. Builder (if known)			
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. New home construction licensing requirement			
i. Is the proposed construction for a new home as defined in the <i>New Home Construction Licensing Act, 2017</i> ? If no, go to section G.		Yes	No
ii. Is a licence required under the <i>New Home Construction Licensing Act, 2017</i> ?		Yes	No
iii. If yes to (ii) provide licence 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)			
<ol style="list-style-type: none"> 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., 12th Floor, Toronto, ON M7A 2J3 (416) 585-6666.

Applicable Law Requirements

J. Email Authorization

- All contacts with email addresses provided in this application have agreed to their email addresses being added to the Municipality's Contact List.

K. Heritage Designation (for alterations, repair, renovation, demolition projects only)

Has this property been designated under the Ontario Heritage Act? Yes No

L. Agricultural Operation – New or Expansion of a Livestock Facility

Is this application for a new or expanded livestock facility? Yes No

If yes, have you provided the Minimum Distance Separation Calculation or Nutrient Management Plan? Yes No

M. Agency Approvals

Cataraqui Region Conservation Authority approval required if construction is within the regulatory boundary defined by the CRCA. Yes No

St. Lawrence Parks Commission approval required if the construction is within 150 feet of, or fronts or backs onto, the 1000 Islands Parkway. Yes No

Ministry of Transportation approval required if construction is within the MTO area of control. Yes No

Leeds, Grenville and Lanark District Health Unit approval is required if the new proposal relates to food services. Yes No

Other Agency Indicate Agency: _____ Yes No

N. Entrance Permit Approval

An approved Entrance Permit from the applicable road authority is required to be submitted with the application for any property that is vacant and being developed or if a new entrance is proposed to access the new construction. This does not include private lanes. Yes No

O. Civic Address Approval – Required prior to the Issuance of a Building Permit

Does this property have a civic address? If no, please contact staff for an application form. Yes No

Does this property have a blue civic address blade installed on the property? If no, one must be purchased upon the issuance of the building permit. Installation of the blade/post on site is required prior to the first inspection. Yes No

P. Owner's Authorization

I, _____ am the owner of the land that is subject to this application for a building permit and I authorize _____ to make this application on my behalf.

Date: _____ Signature of Owner(s): _____

Important Information

The Municipality notifies the following agencies concerning the approval of your building permit:

- Municipal Property Assessment Corporation
- Leeds, Grenville and Lanark District Health Unit
- Statistics Canada
- Canada Mortgage and Housing

It is your responsibility to notify the following agencies concerning the approval of your building permit and obtain all required permits from their office prior to starting construction.

- Tarion New Home Warranty (New Dwellings)
- Electrical Safety Authority (All project involving electrical)
- Ministry of Labour (projects valued \$50,000 and greater)

**** Failure to submit any of the required information may result in the application being returned. ****

Records of Site Condition O.Reg. 153/04

When a property is being proposed for a more sensitive land use than its current or most recent use then a Record of Site Condition (RSC) per the Environmental Protection Act (EPA) is required prior to land use change.

Please indicate ('x') if the lands in respect of which the building permit application is made have been used for any of the following uses:

X	Potentially Contaminating Activity	X	Potentially Contaminating Activity
	Acid and Alkali Manufacturing, Processing and Bulk Storage		Importation of Fill Material of Unknown Quality
	Adhesives and Resins Manufacturing, Processing and Bulk Storage		Ink Manufacturing, Processing and Bulk Storage
	Airstrips and Hangars Operation		Iron and Steel Manufacturing and Processing
	Antifreeze and De-icing Manufacturing and Bulk Storage		Metal Treatment, Coating, Plating and Finishing
	Asphalt and Bitumen Manufacturing		Metal Fabrication
	Battery Manufacturing, Recycling and Bulk Storage		Mining, Smelting and Refining; Ore Processing; Tailings Storage
	Boat Manufacturing		Oil Production
	Chemical Manufacturing, Processing and Bulk Storage		Operation of Dry Cleaning Equipment (where chemicals are used)
	Coal Gasification		Ordnance Use
	Commercial Autobody Shops		Paints Manufacturing, Processing and Bulk Storage
	Commercial Trucking and Container Terminals		Pesticides (including Herbicides, Fungicides and Anti-Fouling Agents) Manufacturing, Processing, Bulk Storage and Large-Scale Applications
	Concrete, Cement and Lime Manufacturing		Petroleum-derived Gas Refining, Manufacturing, Processing and Bulk Storage
	Cosmetics Manufacturing, Processing and Bulk Storage		Pharmaceutical Manufacturing and Processing
	Crude Oil Refining, Processing and Bulk Storage		Plastics (including Fibreglass) Manufacturing and Processing
	Discharge of Brine related to oil and gas production		Port Activities, including Operation and Maintenance of Wharves and Docks
	Drum and Barrel and Tank Reconditioning and Recycling		Pulp, Paper and Paperboard Manufacturing and Processing
	Dye Manufacturing, Processing and Bulk Storage		Rail Yards, Tracks and Spurs
	Electricity Generation, Transformation and Power Stations		Rubber Manufacturing and Processing
	Electronic and Computer Equipment Manufacturing		Salt Manufacturing, Processing and Bulk Storage
	Explosives and Ammunition Manufacturing, Production and Bulk Storage		Salvage Yard, including automobile wrecking
	Explosives and Firing Range		Soap and Detergent Manufacturing, Processing and Bulk Storage
	Fertilizer Manufacturing, Processing and Bulk Storage		Solvent Manufacturing, Processing and Bulk Storage
	Fire Retardant Manufacturing, Processing and Bulk Storage		Storage, maintenance, fuelling and repair of equipment, vehicles, and material used to maintain transportation systems
	Fire Training		Tannery
	Flocculants Manufacturing, Processing and Bulk Storage		Textile Manufacturing and Processing
	Foam and Expanded Foam Manufacturing and Processing		Transformer Manufacturing, Processing and Use
	Garages and Maintenance and Repair of Railcars, Marine Vehicles and Aviation Vehicles		Treatment of Sewage equal to or greater than 10,000 litres per day
	Gasoline and Associated Products Storage in Fixed Tanks		Vehicles and Associated Parts Manufacturing
	Glass Manufacturing		Waste Disposal and Waste Management, including thermal treatment, landfilling and transfer of waste, other than use of biosoils as soil conditioners
			Wood Treating and Preservative Facility and Bulk Storage of Treated and Preserved Wood Products

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	
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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	
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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

I _____ declare that (choose one as appropriate):
 (print name)

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.

Individual BCIN: _____

Firm BCIN: _____

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.

Individual BCIN: _____

Basis for exemption from registration: _____

The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

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.

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 Professional Engineers 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: (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. 			
<hr style="border: 0.5px solid black;"/> <p>Date</p>		<hr style="border: 0.5px solid black;"/> <p>Signature of applicant</p>	

Plot Plan

****Required for all new construction and demolitions****

All structures and buildings in the Municipality must conform to the Township's Zoning By-Law as it is applicable law. In order to ensure that the proposed structure is in compliance with the Zoning By-Law, a complete plot plan with the following information is required for review:

Plot Plan Check List - Property Information

<input type="checkbox"/> Dimensions of the property	<input type="checkbox"/> Dimensions and area of existing and proposed structures
<input type="checkbox"/> Location of existing or proposed septic system and well	<input type="checkbox"/> Height of the proposed structure
<input type="checkbox"/> Approximate location of all natural and artificial features	<input type="checkbox"/> Name of any road/private right-of-way within or abutting property

From the nearest point of the new construction:

<input type="checkbox"/> Setbacks to centerline of adjacent roads	<input type="checkbox"/> Distance to all property lines
<input type="checkbox"/> Distance to the edge of adjacent right-of-ways	<input type="checkbox"/> Distance from accessory structure to main use

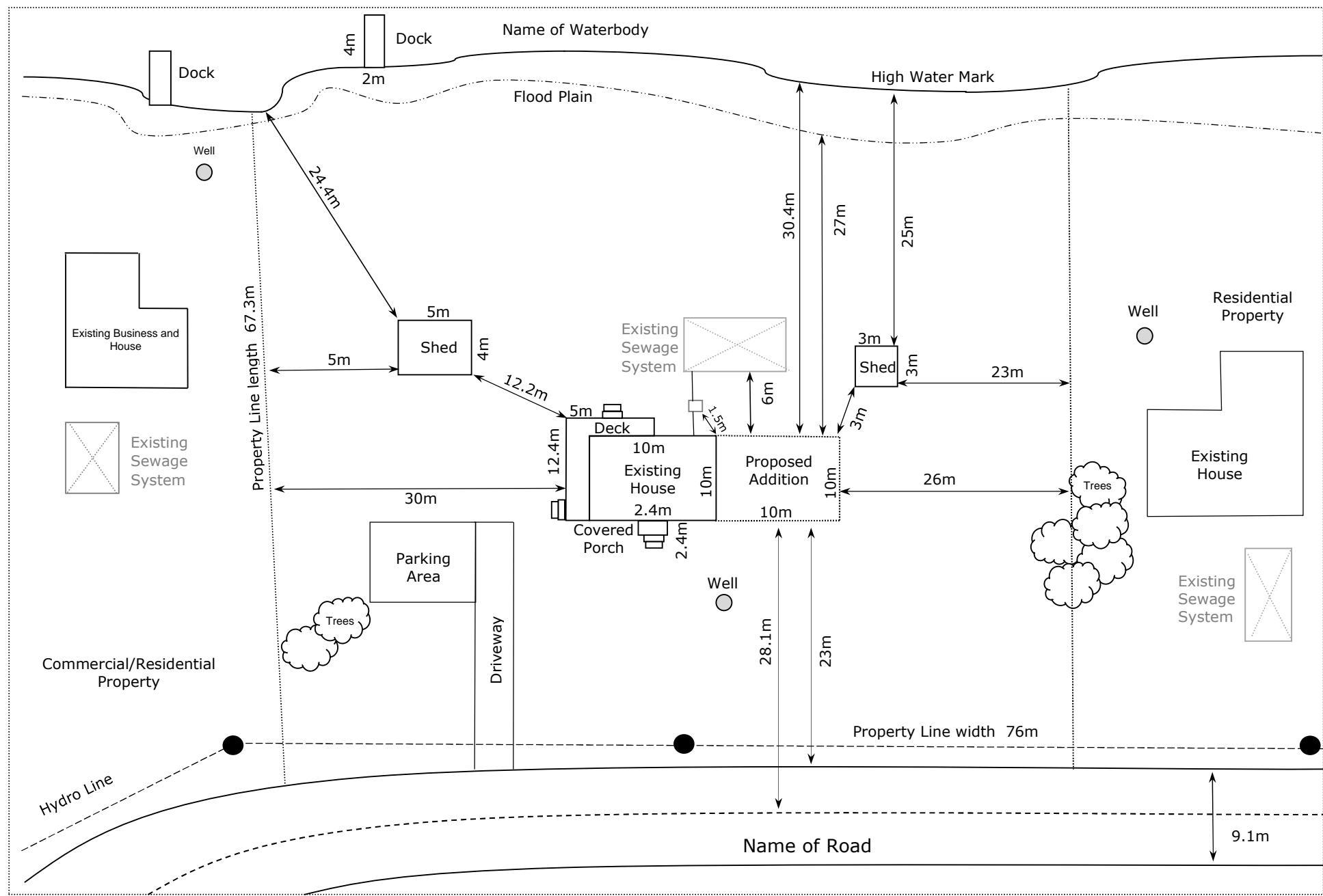
Check here if the Plot Plan is on a separate piece of paper and is attached to this application.

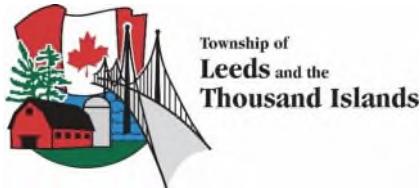
New Construction is to be a minimum of 5 ft from septic tank 17 ft from tile bed
 16 ft from hydro lines. Please Indicate the distances on the plot plan.

Address of Property:

Owner:

Sample Plot Plan





Owner/Authorized Agent Responsibilities

Project Location and Contact Information:

Property Owner(s): _____

Authorized Agent(s): _____

Property Roll Number: _____

Project Address: _____

Project: _____

Phone Number: _____ Email Address: _____

Declaration

To the Township of Leeds and the Thousand Islands:

I declare that I am the:

owner

authorized agent of the property owner listed above

As the owner/agent I hereby acknowledge:

- That the issuance of a building permit and/or a general site review by the Building Department Staff is not confirmation that all zoning setbacks have been adhered to. This includes but is not limited to separation of structures to the high water mark, lot lines, sewage systems and other structures. It is understood that it is the sole responsibility of the owner/agent to meet the setback requirements as set out in the Township of Leeds and the Thousand Islands Zoning By-Law;
- The owner(s) are obligated to arrange for the inspections indicated on the permit placard issued for the project, and that no work will proceed until the Building Inspector has inspected the various stages of construction indicated on the permit placard;
- Permit drawings and documents submitted with errors or omissions contained therein do not relieve the owner and/or authorized agent from the responsibility of completing all work to meet or exceed the requirements of the Ontario Building Code; and
- If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Signature

Date

Note: The Ontario Building Code Act requires that requests for inspections are made a minimum of two regular business days in advance of the regular business day upon which the inspection is needed.



Township of
Leeds and the
Thousand Islands

Township of Leeds and the Thousand Islands
1233 Prince St, PO Box 280
Lansdowne, ON K0E 1L0
Phone: 613-659-2415

Authorization for an Application for a Sewage System Permit by a Person other than the Legal Owner

I, _____, being the legal owner of:

Property Roll Number: _____

Civic Address: _____

authorize:

Authorized Agent(s): _____

Company Name (if applicable): _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

Signature of Owner

Date

Personal information contained on this form is collected under the authority of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*.



Well Record Verification Form

Owner: _____

Civic Address: _____

Property Roll Number: _____

I verify that I am the owner of the above noted property and that there are _____ well(s) located on this property.

Location of Well(s):

- I do not know the exact location of my well(s).
- My well(s) are located on the diagram below with separation distances to buildings and property lines as shown:

Construction Type of Well(s):

- I do not know the type of construction of my well(s).
- My well(s) is/are constructed as:
 - Drilled with a steel casing depth to _____ metres.
 - Dug or bored well
 - Other _____

A copy of the well record(s) is/are attached. Yes No

Signed: _____ Date: _____



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 -	0.3 -	0.3 -	
0.6 -	0.6 -	0.6 -	
0.9 -	0.9 -	0.9 -	
1.2 -	1.2 -	1.2 -	
1.5 -	1.5 -	1.5 -	

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.

Leaching Bed Profile	Leaching Bed Design Calculations
Water Table/Bedrock/Impervious Soil	

Working Capacity of Septic/Holding Tank (Litres)	Tertiary Treatment if Applicable	Length of Distribution Pipe (Metres)



Site Plan

Provide the following information:

- a) Location of sewage system components (e.g., tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbors), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
- b) Lot dimensions, topographic features (e.g., swamps, steep slopes) near system.



Township of **Leeds** and the **Thousand Islands**

Area Bed Method - Drawing Not to Scale

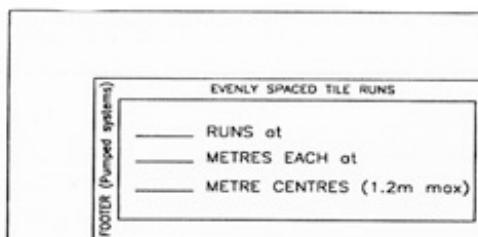
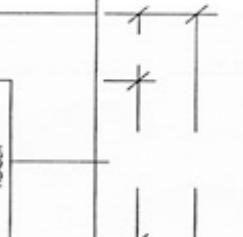
Septic Permit #: _____

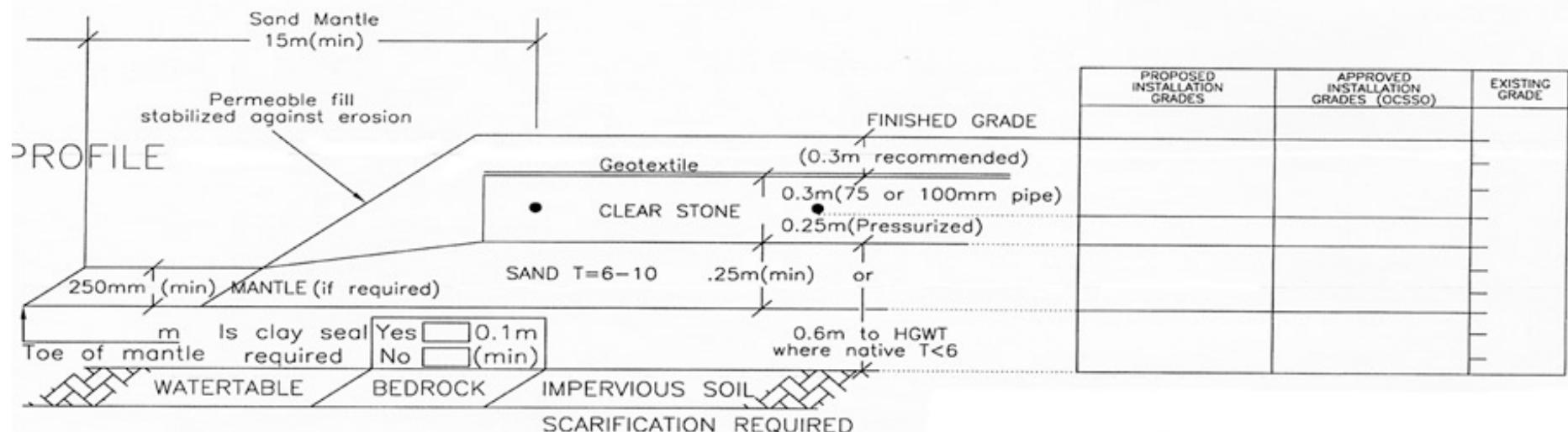
Revision: _____

Applicant: _____

Scarification Required: Yes No

Date: _____

 PLAN Is mantle required: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, in what direction _____	 STONE LAYER = _____ m^2	
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Township of **Leeds** and the **Thousand Islands**

Septic Permit #: _____

Revision:

Applicant: _____

Scarification Required: Yes No

Date: _____

N

PLAN

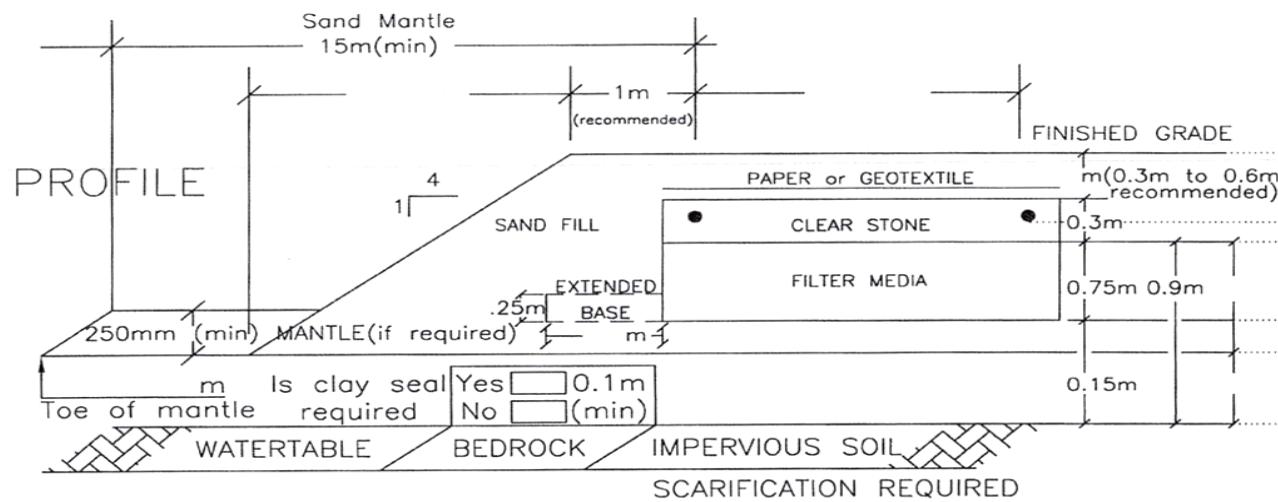
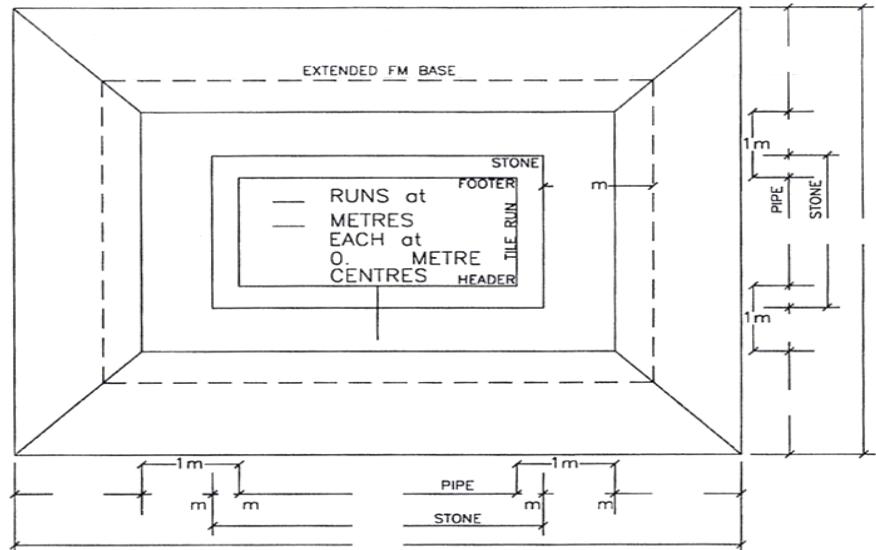
Is mantle required:

Yes

No

If Yes, in what direction _____

Filter Media Method - Drawing Not to Scale



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE



Township of **Leeds** and the **Thousand Islands**

Septic Permit #: _____

Revision:

Applicant: _____

Scarification Required: Yes No

Date: _____

Open Bottom Bio-Filter Method - Drawing Not to Scale

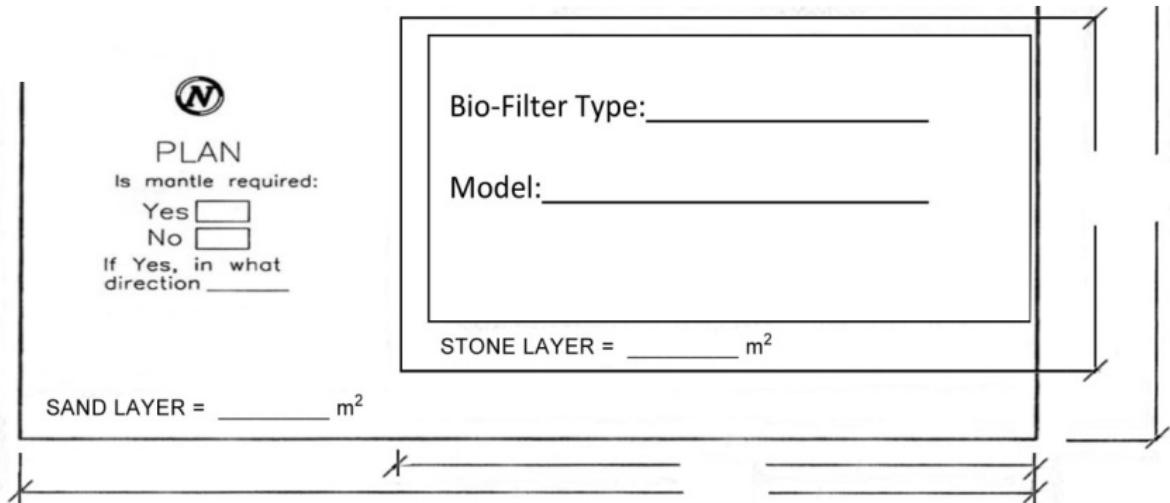
PLAN
Is mantle required:
Yes
No
If Yes, in what
direction

Bio-Filter Type:

Model:

STONE LAYER = _____ m^2

SAND LAYER = m²





Township of **Leeds** and the Thousand Islands

Septic Permit #: _____

Revision:

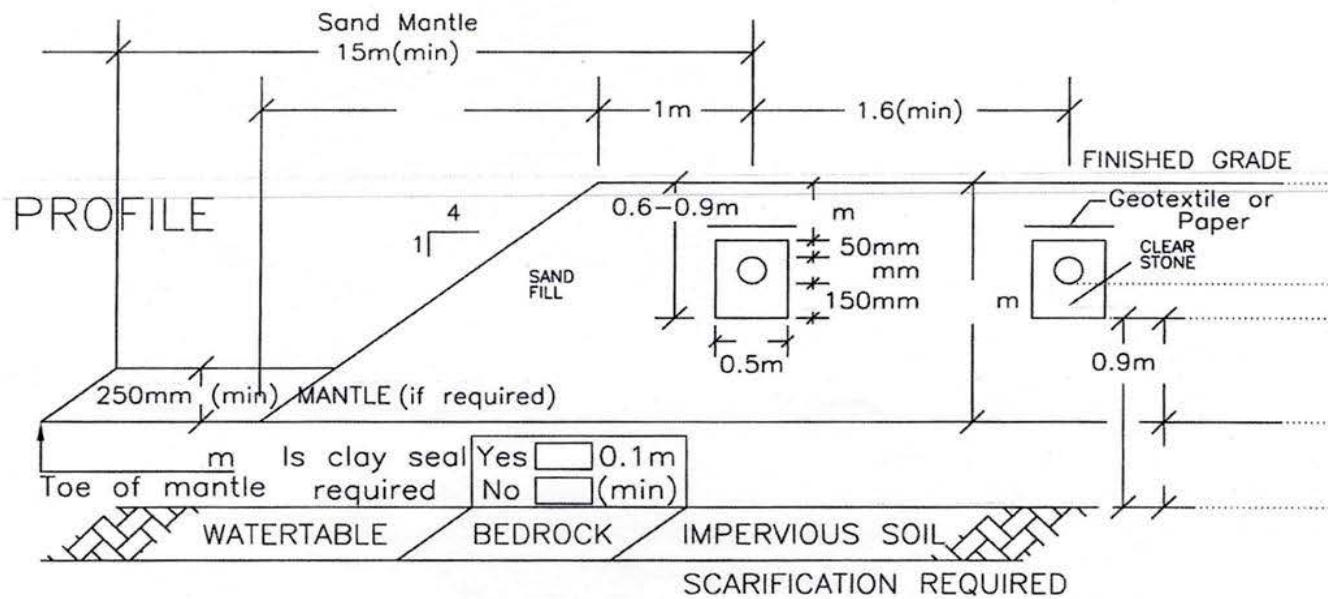
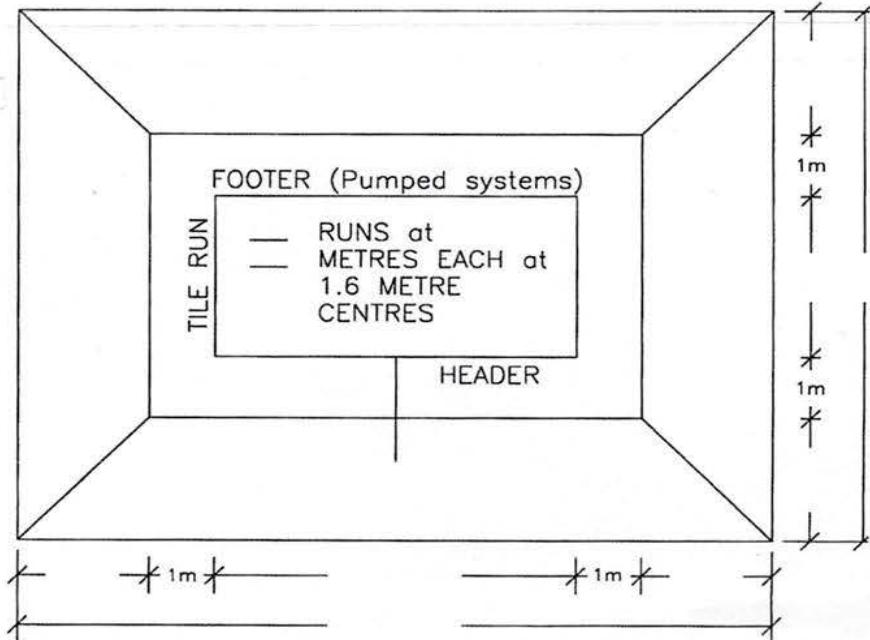
Applicant: _____

Scarification Required: Yes No

Date: _____

W
PLAN
Is mantle required:
Yes
No
If Yes, in what
direction _____

Absorption Trench Method - Drawing Not to Scale



PROPOSED INSTALLATION GRADES	APPROVED INSTALLATION GRADES (OCSSO)	EXISTING GRADE
		-
		-
		-
		-
		-
		-
		-



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: _____ Date: _____
(Pit Owner/Operator) (day/month/year)

Affidavit developed by: _____



Filter Medium Affidavit – Class 2 Sewage Disposal System

Name of Filter Medium **Supplied:** _____

I, (We) certify that the Filter Medium for the installation of a Class 2 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: _____