



Public Health & Emergency Services

410 Buller Street, Woodstock, Ontario N4S 4N2

Phone: 519-539-9800 • Fax: 519-539-6206

www.oxfordcounty.ca/health

Procedure to Obtain a Sewage System Building Permit

1. This is the septic system building permit application package from Oxford County Public Health & Emergency Services. The application package contains the following:
 - i. Application for a Permit to Construct or Demolish
 - ii. Plans and Specifications for Sewage Disposal System (**Section J**) including Estimation of Fixture Units – Hydraulic Load - Domestic
 - iii. Declaration of Soil Analysis (additional copies available)
 - iv. Sewage Flow Calculations in system design
 - v. Cross Sectional Drawings in system design
2. Complete the Plans and Specifications for Sewage Disposal System (Section J) including Estimation of Fixture Units – Hydraulic Load - Domestic.
3. Determine the percolation rate of the soil. Normally, a soil sample is collected from a 0.9 metre (3 ft) test hole **in the area of the leaching bed** and analyzed by a qualified company. Their report is known as the Soil Analysis and companies available to do either of these tests may be listed in the Yellow Pages under **Soil Tests**. Contact your public health inspector for more information on this procedure.
4. Dig two 1.8 metre (6 ft) test holes using a backhoe in the area of the proposed leaching bed:
 - The diameter of the test holes should be wide enough to see bottom of the excavation in daylight.
 - The two holes should be at least 6 metres (20 ft) apart.
 - If groundwater is encountered, note at what depth below grade.
 - Cover the holes to prevent surface or rainwater from entering.
 - Secure the holes to prevent injury.
 - Mark the holes with an indicating flag or other clear marker.
5. Once the results have been received complete the Declaration of Soil Analysis.
6. Complete all sections of the Application for a Permit to Construct or Demolish. If you are uncertain about a particular section, contact your public health inspector for assistance. Forms must be signed and dated by the applicant. Please print names beside signatures.
7. Complete the Lot Description and Sewage System Plan ensuring that it is drawn to scale (see reverse side of Section J page).

8. Return the following to Oxford County Public Health & Emergency Services:
- ❑ Application for a Permit to Construct or Demolish.
 - ❑ Plans and Specifications for Sewage Disposal System (Section J) including Estimation of Fixture Units – Hydraulic Load - Domestic.
 - ❑ Declaration of Soil Analysis.
 - ❑ Sewage Flow Calculation.
 - ❑ Cross Sectional Drawings.
 - ❑ A Soil Analysis of native (in-ground) soil (provided by testing company).
 - ❑ A Soils Analysis of the fill-based material (provided by supplier of fill material) (note: only required when fill based systems are proposed).
 - ❑ Accurate and clear directions to the property, including 911 # and map (if available).
 - ❑ Fee. **Make cheque payable to the County of Oxford** as follows:

<i>Nature of Work</i>	<i>Fee</i>
New system	\$765.00
Replacement system	\$765.00
Replacement septic tank only	\$250.00

9. Once all of the above has been submitted and is complete, your area public health inspector arranges a site evaluation. **Unless prior approval is given, inspections are conducted only from April 1 to December 1 (weather permitting).**
10. If acceptable, the Building Permit to Construct an On-Site Sewage Disposal System is signed by the public health inspector and returned to you. The Permit must be posted in a conspicuous place on-site and only then is work permitted to commence on the installation of the system.
11. Once the system has been installed but before being covered over with soil (i.e., backfilled), a final inspection must be conducted. Ensure that the system has been installed according to the Ontario Building Code and the Building Permit to Construct an On-Site Sewage Disposal System. Inform your area public health inspector when the system is ready for inspection at least two business days in advance.

Note: If the sewage system was designed by an engineer with specifications and design criteria, then the sewage system must be inspected by the Engineer and a written response advising that the system meets their requirements.

NOTE: Public Health Inspectors are not permitted by law to fill out any applications and/or act as consultants. You can retain private firms and/or contractors for this purpose.



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Plans and Specifications for Sewage Disposal System (Section J)

Date:	Fee Paid:	Receipt No.	Permit No.
New Construction <input type="checkbox"/>		Replacement <input type="checkbox"/>	
Tank Only <input type="checkbox"/>			

Total No. of Bedrooms	Total Finished Floor Area (m ²)	Total No. Of Fixture Units	Daily Sewage Flow: _____ litres
Water Supply: Municipal <input type="checkbox"/> Dug Well <input type="checkbox"/> Drilled Well <input type="checkbox"/> Shallow Point Well <input type="checkbox"/> Other: _____			
Type of Native Soil: Soils Analysis Attached <input type="checkbox"/>		Percolation Rate "T"-time: _____ min/cm	Depth to Water Saturation: _____ Slope of land in tile bed area: _____ %
Class of System:	Size of Septic Tank: _____ litres	Dosing pump required: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, dosing capacity _____	
Complete A,B, OR C			
A. Trenched <input type="checkbox"/> Inground <input type="checkbox"/> Raised <input type="checkbox"/> Length of Pipe _____ m		Mantle YES <input type="checkbox"/> NO <input type="checkbox"/>	
B. Sand Filter <input type="checkbox"/> Inground <input type="checkbox"/> Raised <input type="checkbox"/> Size _____ m ²		Mantle YES <input type="checkbox"/> NO <input type="checkbox"/>	
C. Alternate <input type="checkbox"/> Type _____ Stone _____ m ² Sand _____ m ²		Mantle YES <input type="checkbox"/> NO <input type="checkbox"/>	

Estimation of Fixture Units - Hydraulic Load - Domestic

	COLUMN 1 FIXTURE UNITS	COLUMN 2 HOW MANY?	COLUMN 3 TOTAL FIXTURE UNITS
BATHROOM ITEMS			
Full Bathroom	6		
Half Bathroom - toilet and sink only	5.5		
ADDITIONAL ITEMS (not included above)			
Whirlpool Bath/Bathtub	1.5		
Shower (1 Head)	1.5		
Clothes Washer	1.5		
Sinks (kitchen/laundry)	1.5		
Dishwasher	1.5		
Floor Drain (3" trap)	3		
Others _____			
column 1 X column 2 = column 3			
TOTAL NUMBER OF FIXTURE UNITS: (add up column 3) =			

Water softeners and hot tubs are not recommended to be connected to a sewage disposal system.



Permit Number

Lot Description and Sewage System Plan

Include the following on a scale or proportional drawing in the area provided below:

PLANS MUST BE LEGIBLE TO AVOID DELAYS.

1. Outline of property with all dimensions. On large parcels include area around building site only. Include "Site Plan" if contained in the original agreement or if registered on title.
2. Locations and dimensions of proposed and existing buildings, swimming pools, lakes, rivers, areas subject to flooding and any other pertinent topographical features (swamps, steep slopes, etc.).
3. Details of proposed sewage system including size, design and location of tank and leaching bed components including **calculations**. Location and type of all existing and proposed water supplies including neighbouring supplies.

Test hole(s) to a depth of 1.8 m in the bed area must be available for the Public Health Inspector to view.

48 Hour Notice Requirements for Inspections

The owner, authorized agent or contractor shall notify the Health Unit 2 business days in advance of the necessary inspection(s) prior to backfilling. No system may be backfilled until a final inspection has been completed and approved. Sewage System is to be installed according to the plans submitted with the application to obtain a permit. Any alterations to this plan **cannot** be made without first receiving written permission from the Public Health Inspector who is the Chief Building Official in respect to sewage systems.

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

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			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> 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 ()	

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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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> .			<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work			
D. Declaration of Designer			
I _____ declare that (choose one as appropriate):			
(print name)			
<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.			
Individual BCIN: _____			
Firm BCIN: _____			
<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.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
<input type="checkbox"/> 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) d) 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 authorization, 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="margin-left: 100px;">(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> <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 style="margin-top: 20px;">_____</p> <p style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Date Signature of applicant </p>			

SEWAGE FLOW CALCULATIONS

Daily Sewage Flow _____

Percolation Time _____

Do calculations here:

i.e. Septic Tank size is 2 x Daily Sewage Flow for Residential =
Tile bed size is $\frac{QT}{200}$ $\frac{\text{Daily Sewage Flow} \times \text{Percolation Time}}{200}$ =

Designer's Signature: _____ Date: _____

PLEASE ATTACH THIS SIGNED DOCUMENT TO YOUR APPLICATION.

CROSS SECTIONAL DRAWINGS

Note: Cross Sectional drawings required for all raised bed systems

Designer's Signature: _____ Date: _____

PLEASE ATTACH THIS SIGNED DOCUMENT TO YOUR APPLICATION.

Estimation of Fixture Units - Hydraulic Load – Domestic

	COLUMN 1	COLUMN 2	COLUMN 3
BATHROOM ITEMS	FIXTURE UNITS	HOW MANY?	TOTAL FIXTURE UNITS
Full Bathroom	6		
Half Bathroom with toilet and sink	5.5		
ADDITIONAL ITEMS (not included above)			
Whirlpool Bath	1.5		
Bidet	1		
Bathtub (with/without shower)	1.5		
Toilet with flush tank	4		
Clothes Washer	1.5		
Sinks (kitchen/laundry)	1.5		
Dishwasher	1.5		
column 1 X column 2 = column 3			
TOTAL NUMBER OF FIXTURE UNITS: (add up column 3) =			

Garbage grinders, water softeners, floor drains, dump and fill hot tubs connections are not recommended. If connected to a septic system then it must be engineered as per sec. 8.1.3.1.

I hereby certify that the above information is true and representative of the hydraulic load

_____ OWNER/SYSTEM DESIGNER SIGNATURE

PLEASE ATTACH THIS COMPLETED TABLE TO YOUR APPLICATION

DECLARATION OF SOIL ANALYSIS

I certify, that the soil sample analysis submitted with this application is a true and representative of the soil obtained from the lot in the area of the proposed sewage disposal system. The sample was taken at an appropriate depth between 0.6 m (24") and 0.9 m (36") below finished grade.

Owner's Signature: _____ Date: _____

Designer's Signature: _____ Date: _____

**PLEASE ATTACH THIS SIGNED DOCUMENT TO YOUR APPLICATION WITH THE SOILS
ANALYSIS RESULTS.**