Algoma PUBLIC HEALTH
Santé publique Algoma

DESIGN LAYOUT
ON-SITE SEWAGE SYSTEMS AND BUILDING PERMITS

Application Number _____

ROLL NUMBER:		**OWNER:**			
PROPERTY ADDRESS:		**DESIGNER:**		**EF/WBF#:**	
LEGAL DESCRIPTION:		**INSTALLER:**		**BCIN:**	

FROM YOUR WORKSHEET STATE NO. OF FIXTURE UNITS	NO. OF BEDROOMS OR OCCUPANCY	SIZE OF FINISHED FLOOR AREA	TOTAL DAILY DESIGN SEWAGE FLOW IN LITRES Q =	PROPOSED WATER SUPPLY			
				MUNICIPAL ❑		PRIVATE ❑	
CLASS 1,2,3 SEWAGE SYSTEM PROPOSAL DETAILS				Dug/Bored Well Well Depth	❑	DRILL WELL CASING SIZE	❑
DIMENSIONS OF SYSTEM							
CLASS 4,5 SEWAGE SYSTEM PROPOSAL DETAILS				SURFACE WATER SUPPLY			❑

WORKING CAPACITY OF SEPTIC OR HOLDING TANK LITRES	SIZE OF PUMP CHAMBER	LINEAL METRES OF LEACHING PIPE	FILTER BED SIZE SQUARE METRES	CONTACT AREA SIZE SQUARE METRES	DEPTH OF FILL	PERCOLATION TIME OF SOIL NATIVE IMPORTED T =

Directions to Lot - Hwy No., Secondary Roads, Signs to Follow, etc. _____

THE SITE PLAN SHALL SHOW

The location of existing buildings, proposed buildings, water supply, existing sewage systems, property lines, surface water (lake, river, etc.), and any neighbours wells, etc.

INSPECTOR COMMENTS

SIDE PROFILE

Indicate foundation depth in relation to all components of the sewage system, including clearances to the groundwater table, bedrock, or soil with a percolation rate greater than 50 min/cm. If additional fill is required, please indicate the height above existing grade.

INSPECTION REPORT

INSPECTION	SUB-SURFACE CONDITIONS OBSERVED			
	ROCK & GWT	M	FT	SOIL TYPE
DATE _____ TIME _____ AM / PM		0.3	1	
REPRESENTING OWNER / INSTALLER		0.6	2	
		0.9	3	
		1.2	4	
		1.5	5	

PROPOSAL MEETS ONTARIO BUILDING CODE REQUIREMENTS ❑ **YES** ❑ **NO**

INSPECTORS SIGNATURE _____ **DATE** _____

PRINT NAME

In accordance with the Municipal Freedom of Information and Protection of Privacy Act the information is collected under the authority of the Building Code Act for the purposes of processing permit applications.