



MORTGAGE / FIELD INSPECTION REPORT

Date of Application:		Application Number:	
Roll Number:			
Owner(s) of Property:	Name	Address	
	Phone Number	Email	
Applicant:			
Location of Property	Address		
	Legal Description, Lot, Concession, Plan No.,	Township	

DAILY SEWAGE FLOW

Plumbing Fixture Description	Number of Fixtures	Total x Fixture Units Value = Number of Fixture Units	
SAMPLE	2	X 6 =	12
Bathroom group (toilet, sink, bathtub/shower)		6	
Toilet (alone)		4	
Washbasin		1.5	
Bathtub or Shower		1.5	
Kitchen Sink(s)		1.5	
Bar Sink		1.5	
Dishwasher		1.5	
Washing Machine		1.5	
Bidet		1	
Laundry Tub		1.5	
Other:			
Total Fixture Units			

Ensure legible site plan is attached to application.

FINISHED FLOOR AREA

	m²

From the chart below, please calculate the expected daily sewage flow for your proposed building, and mark the total in the space provided. For non-residential occupancies see Table 8.2.1.3 B O.B.C.

Residential Occupancy	Existing	Q in Litres	Calculations
1 Bedroom		750	
2 Bedrooms		1100	
3 Bedrooms		1600	
4 Bedrooms		2000	
5 Bedrooms		2500	
Additional Flow for:			
Each Bedroom over 5,		500	
Floor Space for each 10m ² over 200 m ² up to 400 m ²		100	
Floor Space for each 10m ² over 400 m ² up to 600 m ²		75	
Floor Space for each 10m ² over 600 m ² , OR*		50	
Each fixture unit over 20 fixture units total		50	
Other Occupancy			
Establishment Type:	Occupant Load	Volume (Litres)	Calculations
EXPECTED DAILY DESIGN SEWAGE FLOW (Q): _____ Litres			

*NOTE: Where you need to do multiple calculations, signified by the "OR" in the table, do the calculation for daily sewage flow based on bedrooms and floor space first, then fixture units, and use the larger of the two calculations.

Signature of Owner (attach authorization letter if other than owner)

Date

ALGOMA PUBLIC HEALTH USE ONLY

No File*.

EXISTING SEWAGE SYSTEM

Date of Issuance of Certificate of Approval/Building Permit: _____

Date of Issuance of Use Permit/Substantial Components Report: _____

Size of Existing Septic Tank: _____ Size of Leaching Bed/Filter Bed: _____

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PERFORMANCE LEVEL REVIEW

Size of Septic Tank needed for (current standard): _____

Size of Leaching Bed/Filter Bed needed for (current standard): _____

Tank sufficient for existing use: Yes No Tank: Plastic Concrete Other: _____

Tank pumped out: Yes No Provider: _____ Date: _____

Replacement Area Satisfactory: Yes No

Is there evidence of ponding/breakout in bed area? Yes* No

Is there evidence of malfunction? Yes* No

Is existing system sufficient for current use? Yes No*

Does existing system meet Ontario Building Code? Yes No*

Must the Sewage System be replaced? Yes No

*** Action required. Failure to address concerns may result in legal enforcement under the Ontario Building Code Act**

INSPECTORS REPORT AND RECOMMENDATIONS:

See attached information

INSPECTOR SIGNATURE: _____ **DATE:** _____