



PERFORMANCE LEVEL REVIEW

Date of Application:		Application Number:	
Roll Number (required):			
Owner(s) of Property:	Name		Address
	Phone Number		Email
Applicant (if not owner):			
Location of Property	Emergency No.		Address,
	Legal Description, Lot, Concession, Plan No		Township

Purpose (Please check one and explain):

- Renovation Addition New Construction Zoning Amendment Minor Variance Other

Description of work

Attach a sketch/site plan, including lot dimensions, distances, well and septic details, building details, drainage ditches, surface water supplies, neighbouring well locations, etc.

YES NO

- Will the new construction be within 5 metres of the sewage system?
 Will the change add more bedrooms to the building?
 Will the gross living space be increased by more than 15 percent?
 Will there be additional plumbing fixtures added?
 Will there be a major change in type of occupancy?

DAILY SEWAGE FLOW CALCULATION

Plumbing Fixture Description	Existing # Fixtures	Proposed # Fixtures	Total x Fixture Units Value = Number of Fixture Units	
Bathroom group (toilet, sink, bathtub)			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				

FINISHED FLOOR AREA

Existing		m²
Proposed		m²
Total		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.

Dwellings	Existing	Proposed	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	
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

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FOR OFFICE USE ONLY

File not found Field Inspection required. Date completed: _____

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: _____

PERFORMANCE LEVEL REVIEW (OBC 11.4.2.5)

Size of Septic Tank needed for proposed development: _____

Size of Leaching Bed/Filter Bed needed for proposed development: _____

INSPECTOR RECOMMENDATIONS

- Performance level of existing system will not be affected by proposal. No objections to Building Permit issuance.
- No objections to Building Permit issuance
- Performance level will be reduced. Proposed construction will require upgrading of Sewage Disposal System.. (OBC 11.4.3.6)
- See attached Field Inspection Report

INSPECTOR SIGNATURE: _____ **DATE:** _____