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
DIMENSIONS OF SYSTEM

DUG/BORED WELL   WELL DEPTH /   DRILL WELL CASING SIZE

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			
DATE _____ TIME _____ AM / PM REPRESENTING OWNER / INSTALLER	ROCK & GWT	M	FT	SOIL TYPE
		0.3	1	
		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