



Permit No. \_\_\_\_\_  
 Received \_\_\_\_\_  
 Receipt# \_\_\_\_\_

Application for On-Site Sewage System Permit

(Page 1 of 3)

**OWNER INFORMATION**

Assessment Roll No: \_\_\_\_\_ Or Severed From   
 Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**INSTALLER CERTIFICATION**

Installer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 MMHA Licence \_\_\_\_\_ Licence Expiry Date: \_\_\_\_\_  
 Intaller's Signature: \_\_\_\_\_

**SITE EVALUATION**

Site Evaluation Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Performed By: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SUPERVISOR OF WORK**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 License No. \_\_\_\_\_ License Expiry Date: \_\_\_\_\_

**PROJECT INFORMATION**

Type of Work:  Construct New  Repair Existing  Alter Existing  
 Remove/Demolish Existing Construction Cost \$ \_\_\_\_\_  
 Occupancy (ies) Served:  Residential  Non-Residential (specify uses) \_\_\_\_\_

**PROPERTY INFORMATION**

Lot No: \_\_\_\_\_ Block \_\_\_\_\_ Concession \_\_\_\_\_ Ref. Plan \_\_\_\_\_  
 Former Village, Lot Lot  
 Township, Town \_\_\_\_\_ Area \_\_\_\_\_ m2 Frontage \_\_\_\_\_ m Lot Depth \_\_\_\_\_ m  
 Directions to Lot: ( Please be specific, include side of road, street names and 911# for houses on either side)  
 \_\_\_\_\_  
 \_\_\_\_\_

**OWNER'S AUTHORIZATION**

The owner is responsible for conducting a site evaluation and for designing an on-site sewage system that will perform its intended function. Neither the granting of a permit, nor the approval of plans nor inspections made by the building official shall in any way exempt the owners from complying with the Ontario Building Code or any other applicable law.

I, \_\_\_\_\_, the owner of the subject property, hereby authorize the above mentioned installer to act on my behalf with respect to all matters pertaining to the proposed on-site sewage system.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I, \_\_\_\_\_ the undersigned certify all the information provided herein is true and accurate and agree to comply with the provisions of the On-Site Sewage Systems Bylaw and Zoning Bylaws of the Township of West Lincoln and any amendments thereto. I/We further agree that neither granting of a Permit nor the official shall relieve me/us from full responsibility for carrying out work in accordance with the above-mentioned bylaws or pertinent rules or regulations.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Application  Approved  Not approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Green – Office

White – Owner

Yellow – Installer

FIXTURE INFORMATION					
Description	Total #	X	Fixture Units	=	Total Fixture Units
Water Closet (Flush Tank Toilet)	_____	X	_____	=	_____
Each Sink or Washbasin	_____	X	_____	=	_____
Bathtub or Shower	_____	X	_____	=	_____
Dishwasher	_____	X	_____	=	_____
Clothes Washing Machine	_____	X	_____	=	_____
Single or Double Laundry Tubs	_____	X	_____	=	_____
Other _____	_____	X	_____	=	_____
Other _____	_____	X	_____	=	_____
			*Total Fixture Units		_____
Total finished area of dwelling, (excluding the area of the finished basement and garage)					_____ m <sup>2</sup>
Total fixture units <u>within all buildings on the property</u> (from above)*					_____
Total # of bedrooms on the property _____			Daily flow rate	_____ litres/day	

SITE EVALUATION INFORMATION			
Water Supply	<input type="checkbox"/> Proposed	<input type="checkbox"/> Existing	<input type="checkbox"/> Municipal
<input type="checkbox"/> Dug/Bored Well	<input type="checkbox"/> Point Well	<input type="checkbox"/> Drilled well	<input type="checkbox"/> Other (Explain) _____
Water Treatment:	<input type="checkbox"/> Water Softner	<input type="checkbox"/> Other (Explain) _____	
Describe the existing soil conditions in sewage system area: Type: _____			
Soil Percolation Time: _____ min/cm		Percolation Test Date: _____	
Soil grains analysis report:	<input type="checkbox"/> yes, attached	<input type="checkbox"/> no	
Depth to bedrock/impervious soil layer: _____ m		To high water table: _____ m	
Nearest Well	<input type="checkbox"/> on this lot	<input type="checkbox"/> on adjacent lot	<input type="checkbox"/> Watertight cased to 6 m Distance _____ m
Next Nearest Well	<input type="checkbox"/> on this lot	<input type="checkbox"/> on adjacent lot	<input type="checkbox"/> Watertight cased to 6 m Distance _____ m

SEWAGE SYSTEM INFORMATION	
<input type="checkbox"/> <b>Class 2</b> Grey – Water Pit	<input type="checkbox"/> Class 3 Cesspool Describe _____
<input type="checkbox"/> <b>Class 4</b> Trench Bed	Analysis of Filter Material: <input type="checkbox"/> Received
<input type="checkbox"/> Use existing soil or <input type="checkbox"/> Imported Soil	Fill-base Absorption Trenches: Area _____ m <sup>2</sup>
Percolation Rate: _____ min/cm	Height: _____ <input type="checkbox"/> Header or <input type="checkbox"/> Distribution Box
Total length of tile: _____ m = # runs of tile _____ x length of run _____	
Tank <input type="checkbox"/> Use existing	<input type="checkbox"/> New (gov't approved) <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene Capacity (L) _____
<input type="checkbox"/> <b>Class 4</b> Filter Bed	Analysis of Filter Material: <input type="checkbox"/> Received
Area of filter medium: _____ m <sup>2</sup> Contact Area: _____ m <sup>2</sup> <input type="checkbox"/> Header or <input type="checkbox"/> Distribution Box	
Extended Contact Area: _____ m <sup>2</sup> (include mantel)	
Total Length of Tile: _____ m = # runs of tile _____ x length of run _____	
Tank <input type="checkbox"/> Use Existing	<input type="checkbox"/> New (gov't Approved) <input type="checkbox"/> Concrete <input type="checkbox"/> Polyethylene Capacity (L) _____
<input type="checkbox"/> <b>Class 4</b> Treatment Unit	Manufacture: _____ Model: _____
Primary Tank Size (L) _____ Secondary Tank Size (L) _____	
Daily Flow rate Capacity (L) _____	
<input type="checkbox"/> <b>Class 5</b> Holding Tank	Pump out Agreement must be provided: <input type="checkbox"/> Received
Manufacturer: _____	Model: _____ Capacity: _____
<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel <input type="checkbox"/> Polyethylene <input type="checkbox"/> Other _____
Alarm: <input type="checkbox"/> Audio and/or	<input type="checkbox"/> Visual Licensed Hauler: _____
<b>Pump</b>	For any of the above, is a pump required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Head _____	Run _____ Horsepower _____ Capacity (L) _____

\*\*\*\*\*PLEASE ATTACH DRAWINGS TO APPLICATION\*\*\*\*\*

**PLEASE NOTE: ANY CHANGE TO LOCATION AFTER PERMIT ISSUANCE REQUIRES APPROVAL FROM TOWNSHIP OF WEST LINCOLN PRIOR TO INSPECTION**

**LOT DIAGRAM AND SEWAGE SYSTEM PLAN**

All applications must include a lot diagram and sewage system plan, drawn to scale indicating north point and showing the following:

- a) Cross section of system – show mantel, depth, tiles, etc.
- b) Legal description, lot size, property dimensions, existing rights of way, easements or municipal/utility corridors, lane ways;
- c) Location of structures, wells, lakes, ponds, reservoirs, rivers, springs, streams, property lines
- d) Location of proposed sewage system
- e) Location of any unsuitable, disturbed or compacted areas
- f) Proposed access routes for system maintenance

