



Township of  
**Leeds** and the  
**Thousand Islands**

# Class 2 - Grey Water

## Sewage System Application And Information Guide

### **Municipal Office**

1233 Prince Street  
P.O. Box 280  
Lansdowne, Ontario  
K0E 1L0  
Phone: 613-659-2415  
[www.leeds1000islands.ca](http://www.leeds1000islands.ca)

### **Office Hours**

Mon – Fri 9:00 am – 4:30 pm

### **Inspections**

[buildinginspections@  
townshipleeds.on.ca](mailto:buildinginspections@townshipleeds.on.ca)

### **General Inquiries and Application Submissions**

Building Assistant  
Ext. 206  
[buildingassistant@  
townshipleeds.on.ca](mailto:buildingassistant@townshipleeds.on.ca)

### **Building Code Inquires**

Chief Building Official  
Ext. 210  
[cbo@townshipleeds.on.ca](mailto:cbo@townshipleeds.on.ca)

## **Class 2 – Grey Water Application Checklist**

### **Items Required for a Complete Class 2 Application Submission**

- Complete Application. Ensure it is signed by the owner or an authorized agent. If an agent is acting on your behalf, please complete the letter of authorization (attached)
- Copy of Deed (if not registered owner on file)
- Filter Sand Affidavit (attached)
- Class 2 Leaching Pit Worksheet (attached)
- Sewage System Design Criteria (attached)
- Well Record Verification Form (attached)
- Site plan showing location of the proposed grey water system in relation to property lines, all other structures, waterbodies, all existing or proposed wells, as well as existing wells on neighbouring properties
- Approvals from agencies considered applicable law such as:
  - Cataraqui Region Conservation Authority (CRCA)  
Kristen Wozniak: 613-546-4228 ext. 288  
[www.crca.ca](http://www.crca.ca)
- Other permit and/or approvals may also be required from:
  - The St. Lawrence Parks Commission: 613-543-3704  
[www.parks.on.ca](http://www.parks.on.ca)
  - Electrical Safety Authority (ESA): 1-877-372-7233  
[Esasafe.com](http://Esasafe.com)
  - Ministry of Transportation – Eastern Region (MTO)  
Stephen Kapusta: 613-545-4834  
[Stephen.Kapusta@Ontario.ca](mailto:Stephen.Kapusta@Ontario.ca)
- Pay all applicable fees according to the fees bylaw as amended (attached). Fees can be received by cash, cheque, or debit only

# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

<b>For use by Principal Authority</b>				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)				
<b>A. Project information</b>				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other description		
Project value est. \$		Area of work (m <sup>2</sup> )		
<b>B. Purpose of application</b>				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
<b>C. Applicant</b>				
		Applicant is:	Owner or	Authorized agent of owner
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	
<b>D. Owner (if different from applicant)</b>				
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax		Cell number	

<b>E. Builder (optional)</b>				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
Telephone number		Fax		Cell number
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.				
<b>H. Completeness and compliance with applicable law</b>				
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.			Yes	No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .			Yes	No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	No
<b>I. Declaration of applicant</b>				
I _____ declare that: (print name)				
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.				
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
_____		_____		
Date		Signature of applicant		

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

## Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

<b>A. Project Information</b>			
Building number, street name	Unit no.	Lot/con.	
Municipality	Postal code	Plan number/ other description	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name	Firm		
Street address	Unit no.	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax number		Cell number
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
<b>D. Declaration of Designer</b>			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. I have submitted this application with the knowledge and consent of the firm.</li> </ol> <p style="text-align: center;">             _____              Date <span style="margin-left: 150px;">Signature of Designer</span> </p>			

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

## Schedule 2: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/ other description	
<b>B. Sewage system installer</b>			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
Yes (Continue to Section C)		No (Continue to Section E)	
			Installer unknown at time of application (Continue to Section E)
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p>I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p>I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p style="text-align: center;">             _____              Date <span style="margin-left: 200px;">Signature of applicant</span> </p>			



## SEWAGE SYSTEM DESIGN CRITERIA

Number Of:	Bedrooms/Units /Sleeping Cabins	People	Floor * Area (m2)	Fixture Units
Proposed				
Existing (if applicable)				
<b>TOTAL</b>				

**Water Supply:**

- Proposed                       Existing  
 Dug or Bored Well  
 Drilled Well    Casing Depth: \_\_\_\_\_  
 Water Treatment Units  
 Other: \_\_\_\_\_

**\*Walk out Basement?**

- Yes                       No

If yes, finished floor area of house includes 50% of floor space of walk-out basement.

**Fixture Unit Count** (Please complete the following table:)

Description of Fixtures	Total #	X (Multiply)	Fixture Units	Total
Bathroom (3 or 4 piece bathroom)		x		
Water Closet (tank toilet)		x		
Each Sink		x		
Bathtub or Shower		x		
Dishwasher		x		
Clothes Washing Machine		x		
Single or Double Laundry Tub		x		
Other		x		
<b>Total</b>				

**Subsurface Soil Condition - To Be completed by Owner/Agent/Designer**

Three test locations are required. Depth in metres to bedrock, water table and description of soil type are to be shown for each soil profile.

0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -	0.3 - 0.6 - 0.9 - 1.2 - 1.5 -
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**DESIGN PERCOLATION RATE** .....min/cm     Native Soil     Imported

The percolation rate shall be determined by either percolation tests (using the highest percolation time from the three tests) or by classifying the soil according to the Unified Soil Classification System.

<p><b>Leaching Bed Profile</b></p> <hr/> <p>Water Table/Bedrock/Impervious Soil</p>	<p><b>Leaching Bed Design Calculations</b></p>
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<p>Working Capacity of Septic/Holding Tank (Litres)</p>	<p>Tertiary Treatment if Applicable</p>	<p>Length of Distribution Pipe (Metres)</p>
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Permit #
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## SITE PLAN

6. Provide the following information:
- a) Location of sewage system components (e.g., tanks, leaching bed). Locate and show horizontal distances from system to adjacent existing or proposed buildings, water supplies (including neighbors), existing on-site sewage systems, driveways, property lines, lakes, rivers, water courses, swimming pools.
  - b) Lot dimensions, topographic features (e.g., swamps, steep slopes) near system.



## Class 2 Leaching Pit Worksheet

If water under pressure = 200L per fixture unit

If water NOT under pressure = 125L per fixture unit

Q (Daily Flow) = (# of fixture units) X 200L (or 125L) = ? L

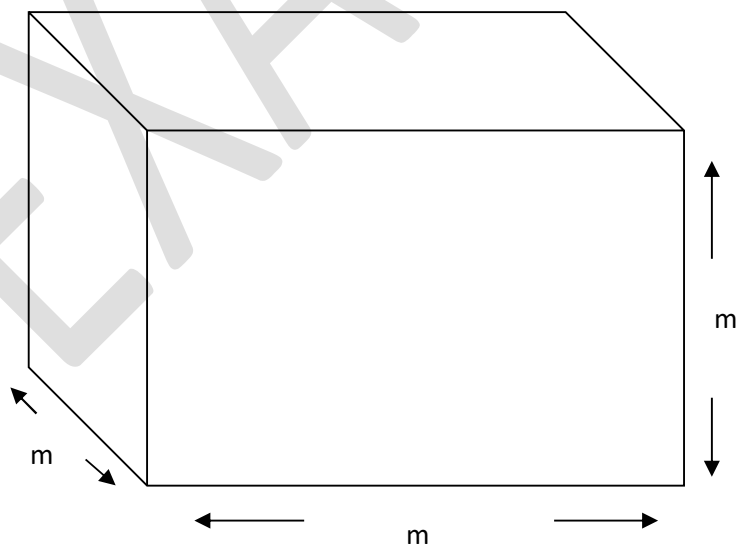
T (Percolation Rate) = min/cm

LR (Loading Rate) =  $400/T$   
 $= 400/$ \_\_\_\_  
 $=$  \_\_\_\_ L/day/m<sup>2</sup>

Total Side Wall Area =  $Q/LR$   
 $=$  \_\_\_\_ / \_\_\_\_  
 $=$  \_\_\_\_ m<sup>2</sup>

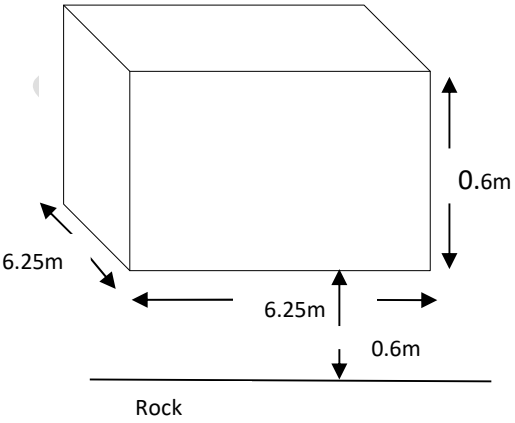
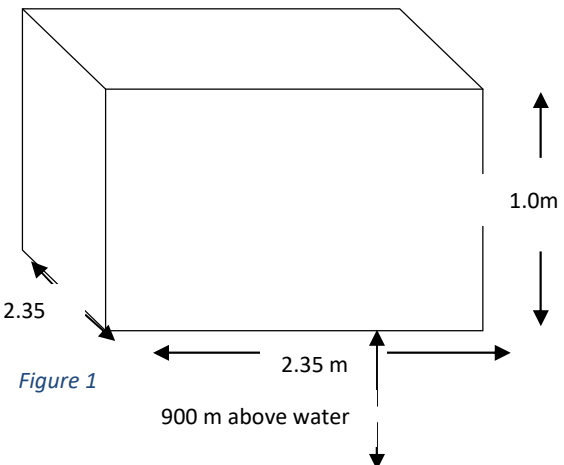
Area of Each Wall = Total side Wall Area / 4 = \_\_\_\_ m<sup>2</sup>

Side Wall Pit Measurements



## Class 2 Leaching Pit Worksheet (Cont'd)

### Sandy Loam Soil (Example Only)

Example "A"	Example "B"
<p>Total Fixture Units = 3</p> <p>If water under pressure = 200L per fixture unit  <math>Q = 3 \times 200L = 600 \text{ L}</math></p> <p>T = Percolation rate of soil, LR = Loading rate  <math>T = 10 \text{ min/cm}</math>  <math>LR = 400 / T</math>  <math>= 400 / 10</math>  <math>= 40L / \text{day/m}^2</math></p> <p>Side Wall Area = <math>Q / LR</math>  <math>= 600 / 40</math>  <math>= 15 \text{ m}^2</math></p> <p><math>15 / 0.6\text{m} = 25 \text{ metres perimeter} \div 4</math>                      side walls = 6.25m</p> <p>Side Wall Pit Measurements (using a side wall depth of 0.6m)</p> 	<p>Total Fixture Units = 2</p> <p>If water NOT under pressure = 125L per fixture unit  <math>Q = 2 \times 125 \text{ L} = 250 \text{ L}</math></p> <p>T = 15 min / cm  <math>LR = 400 / T</math>  <math>= 400 / 15</math>  <math>= 26.6 \text{ L/day/m}^2</math></p> <p>Side Wall Area = <math>Q / LR</math>  <math>= 250 / 26.6</math>  <math>= 9.40 \text{ m}^2</math></p> <p><math>9.40 / 1\text{m} = 9.39 \text{ m} \div 4 = 2.35 \text{ m}</math>                      side walls (using a side wall depth of 1 m)</p> 



**AUTHORIZATION FOR AN APPLICATION FOR A SEWAGE  
SYSTEM PERMIT BY A PERSON OTHER THAN THE  
LEGAL OWNER**

I, \_\_\_\_\_, being the legal owner of the subject  
property described as roll number \_\_\_\_\_,  
and civic address \_\_\_\_\_,  
authorize:

Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

to apply for a Sewage System Permit and associated site inspection on my behalf.

\_\_\_\_\_  
Signature of Legal Owner



**FILTER MEDIUM AFFIDAVIT – CLASS 2  
SEWAGE DISPOSAL SYSTEM**

Name of Filter Medium **SUPPLIER:** \_\_\_\_\_

I, (We) certify that the Filter Medium for the installation of a Class 2 Sewage Disposal System conforms to the requirements of Ont. Regulation 350/06 Section 8.7.5.3(3) under the Building Code Act of Ontario and has been supplied to: \_\_\_\_\_ for the

(Installer/Contractor)

installation of a filter bed under Permit Number: \_\_\_\_\_

(Sewage System Permit Number)

The filter medium shall be clean sand comprised of particles ranging in size between the limits of:

- a) an effective size of 0.25 millimetres with a uniformity coefficient not less than 3.5,
- b) an effective size of 2.5 millimetres with a uniformity coefficient not greater than 1.5, and
- c) having a uniformity coefficient not greater than 4.5

Signed: \_\_\_\_\_  
(Pit Owner/Operator)

Date: \_\_\_\_\_  
(day/month/year)

Affidavit developed by: \_\_\_\_\_



**Schedule A to By-law Number 22-050**

**Schedule "C" To By-Law 21-061, As Amended  
Fees for Building Permits**

<b>Septic Permit and Review Fees</b>		
	<b>Proposed Fee</b>	Health Unit Fee
Sewage system permit	<b>\$850</b>	\$721
Tertiary sewage system permit	<b>\$1,050</b>	\$798
Permit Renewal/Revision with no inspection	<b>\$150</b>	\$62
Permit Renewal/Revision with site inspection	<b>\$280</b>	\$206
Permit Revision/change of installer	<b>\$75</b>	\$62
Septic Tank Replacement, alterations to existing system	<b>\$450</b>	\$360
Maintenance/performance/site inspection	<b>\$250</b>	\$206
Review of Planning Application: Minor Variances	<b>\$215</b>	\$206
Zoning Amendments		
Severance Applications/lot	<b>\$475</b>	\$443
*Multiple Severances more than 1 application on same property if submitted at the same time	<b>\$200</b>	\$180
Subdivision Plan Review (non communal system)	\$200/lot to max of \$5,000 + 13% HST	\$200/lot to max of \$5,000 + 13% HST
File Search	<b>\$110</b>	\$103
Permit to Decommission Septic System	<b>\$150</b>	
Review for Pool Installation	<b>\$150</b>	