

ON-SITE SEWAGE SYSTEM VERIFICATION

Schedule 1 to SOG 22.10

SECTION 1 – DETAILS OF PROPOSAL

Address of Property: _____

Description of Proposal: _____

	Existing	Proposed
Number of Bedrooms		
Number of Bathrooms		
Size of Dwelling (sqft)		

NOTE: Any increase of bedrooms, bathrooms or a 15% increase of square footage will require a detailed on-site sewage system verification. If verification is required base on this proposal proceed to Section 2 of this form.

SECTION 2 – SEPTIC RECORDS

Please attach a copy of the existing on-site sewage system record.

If no record exists, a **licensed septic installer** is required to determine the type and size of the existing system.

The **licensed septic installer** is to complete Section 3 and may complete Sections 4 and 5.

A **Qualified designer** may complete sections 4 and 5 of this Schedule.

If a valid record does exist, only Section 4 and 5 of this schedule are required.

SECTION 3 – EXISTING SYSTEM DETAILS

This section shall be completed by a **licensed septic installer**.

Septic Tank

Size of tank	
Type of tank (concrete/ plastic)	
Overall condition of tank (good, fair, poor)	

Septic Bed

Type of Septic System;

- Conventional Trench
- Raised Trench Bed
- Filter Bed
- Other: _____

Size of Septic Bed

Total area of bed	
Number and length of runs	
Overall condition of bed (good, fair, poor)	

SECTION 4 – SYSTEM REQUIREMENTS FOR PROPOSED

This section shall be completed by a **licensed septic installer**, it is to include both the existing and proposed daily design flows.

Fixture Unit Type	# of Fixtures	Fixture Unit Value	Total
3pc Bathroom Group		6	
Flush Tank Toilet		4	
Lavatory		1	
Bathtub		1.5	
Shower (1 head)		1.5	
Bidet		1	
Urinal		1.5	
Kitchen Sinks (dbl)		1.5	
Laundry Tub		1.5	
Clothes Washer		1.5	
Dishwasher (0 if connected to sink drain)		1.5	
Floor Drain 4"		4	
Other			
Total Fixture Units:			

Daily Design Sanitary Sewage Flow Calculations (Q)

- A. Base Flow from Number of Bedrooms: _____ L
- B. Additional Bedrooms over 5: _____ x 500 = _____ L
- C. Each Additional Fixture over 20: _____ x 50 = _____ L
- D. Additional Living Space over 200sqm
- i. Each 10sqm over 200sqm up to 400sqm: _____ x 100 = _____ L
 - ii. Each 10sqm over 400sqm up to 600sqm: _____ x 75 = _____ L
 - iii. Each 10sqm greater than 600sqm: _____ x 50 = _____ L

Daily Sewage Flow (Q) = _____ L/day

Septic Tank

Septic Tank Size $Q \times 2 =$ _____ L

Holding Tank Size $Q \times 7 =$ _____ L

Septic Bed

Conventional Trench

Trench Bed Sizing (native soil percolation time = T)

- $QT/200$

_____ x _____ /200 = _____ m; Proposed: _____

Raised Trench Bed

Trench Bed Sizing (imported soil percolation time = T)

- $QT/200$

_____ x _____ /200 = _____ m; Proposed: _____ m

Daily Loading Area (native soil percolation time = T)

- $Q/\text{Loading Rate Factor}$ (chart below)

_____ / _____ = _____ sqm, Proposed: _____ sqm

Receiving Soil Percolation Rate	Loading Rate Factor
$1 \leq 20$	10
$20 \leq 35$	8
$35 \leq 50$	6
greater than 50	4

Filter Bed

Filter Bed Area

- 3000L/day or less = $Q/75$, *or*
- 3000L/day or more = $Q/50$

_____ / _____ = _____ sqm, Proposed: _____ sqm

Contact Area (native soil percolation time = T)

- $QT/850$

_____ x _____ / 850 = _____ sqm, Proposed: _____ sqm

Daily Loading Area (native soil percolation time = T)

- Q/Loading Rate Factor (chart above)

_____ / _____ = _____ sqm, Proposed: _____ sqm

Alternative Treatment Unit

Manufacturer: _____ Model: _____

BMEC/BNQ#: _____ No. of Units (if applicable): _____

Type A Dispersal Bed/ BMEC Area Bed

Stone Area

- 3000L/day or less = $Q/75$, *or*
- 3000L/day or more = $Q/50$

_____ / _____ = _____ sqm, Proposed: _____ sqm

Sand Area (native soil percolation time = T)

- T less than 15 = $QT/850$
- T greater than 15 = $QT/400$

_____ x _____ / _____ = _____ sqm, Proposed: _____ sqm

Type B Dispersal Bed

Dispersal Area (native soil percolation time = T)

- $QT/400$ *or*
- Q/Loading Rate (using table 2-8 of BCMOH)

_____ / _____ = _____ sqm, Proposed: _____ sqm

Linear Loading Rate (native soil percolation time = T)

- T less than 24 = $Q/40$ *or*
- T greater than 24 = $Q/50$ *or*
- From Table 2-11 of BCMOH where required

_____ / _____ = _____ m, Proposed: _____ sqm

SECTION 5 – DECLARATION

This section shall be completed by a **licensed septic installer**.

I am qualified, and the firm is registered as per subsection 3.2.4. of Division C, of the Building Code, for Part 8 –Sewage System design.

Name of Firm	
Firm BCIN	
Name of Individual	
Individual BCIN	

SECTION 6 – OWNERS AUTHORIZATION

Please be advised that; _____ is hereby authorized to act as agent in respect to the septic verification referenced in this Schedule.

Owners Signature: _____

Date: _____

OFFICE USE ONLY

Is an upgrade or new system required;

Yes

No