

Existing On-Site Sewage System

Evaluation Form



Norfolk County Building Department
Community Development Division
185 Robinson Street, Suite 200 Simcoe, Ontario, N3Y 5L6
norfolkcounty.ca



Evaluation of On-Site Sewage Systems

INSTRUCTIONS

1. Please complete the following form by checking appropriate lines and filling in blanks.
2. This Evaluation Form must be completed by a “Qualified” person engaged in the business of constructing on site, installing, repairing, servicing, cleaning or emptying sewage systems.
3. If sewage system malfunctions are found during an evaluation (surfacing or discharge of improperly treated sewage effluent) which indicate a possible health hazard or nuisance, orders may be issued for correction.
4. Evaluations should be scheduled accordingly so as not to delay the application process.
5. Completed Forms MUST be submitted as part of a “complete” Planning Application. Failure to meet this date may cause the application to be deferred.
6. Evaluation Forms will become part of the property records of Norfolk County Building Department.
7. No On-Site Sewage System Evaluation will be conducted where:
 - a. snow depth exceeds two (2) inches, or
 - b. grass and brush exceeds twelve (12) inches
8. The comments that are given as a result of this evaluation are rendered without complete knowledge or observation of some of the individual components of the sewage system and applies only to the date and time the evaluation is conducted.

Collection of Personal Information.

Personal information submitted in this form is collected under the authority with the Municipal Freedom of Information and Protection Act, or for the purpose stated on the specific form being submitted. The information will be used by the Building Department administration for its intended submitted purpose.

Questions about the collection of personal information through this form may be directed to:

Norfolk County's Chief Building Official,
185 Robinson Street, Simcoe, ON N3Y 5L6, 519-426-5870 ext. 2218,

Information and Privacy Coordinator,
50 Colborne Street South, Simcoe ON N3Y 4H3, 519-426-5870 ext. 1261,

Property Information	
Municipal Address	
Assessment Roll Number	
Date of Evaluation	

Evaluators Information	
Evaluators Name:	
Company Name:	
Address:	
Phone:	
Email	
BCIN #	
Purpose of Evaluation	<input type="checkbox"/> Consent <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Building Permit Application <input type="checkbox"/> Minor Variance <input type="checkbox"/> Other _____
Building Information	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural

Gross building area: (m ²):	
Number of bedrooms:	
Number of fixture units:	
Daily Design Flow: (Litres)	
Is the building currently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, how long?

Site Evaluation	
Soil type, percolation time (T)	
Site slope	<input type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep
Soil condition:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
Surface discharge observed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odour detected:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weather at time of evaluation:	

System Description	
<input type="checkbox"/> Class 1 - Privy <input type="checkbox"/> Class 2- Greywater <input type="checkbox"/> Class 3 - Cesspool <input type="checkbox"/> Class 4 - Leaching Bed) <input type="checkbox"/> Class 5 - Holding Tank	

Type of leaching bed. Class 4 –Leaching Bed only – Complete & attach Worksheet E		
<input type="checkbox"/> A. Absorption Trench	<input type="checkbox"/> B. Filter Bed	<input type="checkbox"/> C. Shallow Buried Trench
<input type="checkbox"/> D. Advance Treatment System	<input type="checkbox"/> E. Type A Dispersal Bed	<input type="checkbox"/> F. Type B Dispersal Bed

Existing Tank Size (litres):		
<input type="checkbox"/> Pre-cast Concrete	<input type="checkbox"/> Plastic	<input type="checkbox"/> Fibreglass
<input type="checkbox"/> Wood	<input type="checkbox"/> Other (specify):	Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> In ground system	<input type="checkbox"/> Raised Bed system Height raised above original grade (metres)	

Setbacks (metres)	Tank		Distribution Pipe	
Distance to buildings & structures				
Distance to bodies of water				
Distance to nearest well				
Distance to proposed property lines	Front: _____ Rear: _____	Left: _____ Right: _____	Front: _____ Rear: _____	Left: _____ Right: _____

Worksheet A: Dwellings - Daily Design Flow Calculations (Q)

A) Residential Occupancy		(Q) Litres	Total
Number of Bedrooms	1 Bedroom	750	
	2 Bedrooms	1100	
	3 Bedrooms	1600	
	4 Bedrooms	2000	
	5 Bedrooms	2500	
Subtotal (A)			

B) Plus Additional Flow for:			
Note: Use the largest additional flow calculation to determine Daily Design Flow (Q). If none apply Subtotal (B) is zero.			
	Quantity	(Q) Litres	Total
Either	Each bedroom over 5	500	
Or	Floor space for each 10m ² over 200m ² up to 400m ²	100	
	Floor space for each 10m ² over 400m ² up to 600m ²	75	
	Floor space for each 10m ² over 600m ²	50	
Or	Each Fixture Unit over 20 fixture Units (Total of Worksheet B - 20 = Quantity)	50	
Subtotal (B)			
Subtotal A+B=Daily Design Flow (Q)			

Worksheet B: Dwellings Fixture Unit Count

Fixtures	Units	How Many?	Total
Bath group (toilet, sink, tub or shower) with flush tank	6.0	X	=
Bathtub only(with or without shower)	1.5	X	=
Shower stall	1.5	X	=
Wash basin / Lavatory (1.5 inch trap)	1.5	X	=
Water closet (toilet) tank operated	4.0	X	=
Bidet	1.0	X	=
Dishwasher	1.0	X	=
Floor Drain (3 inch trap)	3.0	X	=
Sink (with/without garbage grinder, domestic and other small type single, double or 2 single with a common trap)	1.5	X	=
Domestic washing machine	1.5	X	=
Combination sink and laundry tray single or double (installed on 1.5 inch trap)	1.5	X	=
Other:			
Total Number of Fixture Units:			

1. Refer to Ontario Building Code Division B Table 7.4.9.3 for a complete listing of fixture types and units.
2. Where the laundry waste is not more than 20% of the total daily design flow, it may discharge to the sewage system. OBC 8.1.3.1(2)
3. Sump pumps are not to be connected to the sewage system. Connection to sewage system may lead to a hydraulic failure of the system.

Worksheet C: Other occupancies types

Camp for the Housing of Workers	Number of Employees	(Q) Litres	Total
Note: building size, number of bedrooms and fixture count are not required for a Camp for the Housing of Workers		250	
Daily Design Flow (Q)			

Other Occupancy Daily Design Flow Calculation (Q)

To calculate the daily design flow for occupancies, please refer to Ontario Building Code Division B – Part 8 Table 8.2.1.3.B

Establishment	Operator Example: number of seats, per floor area, number of employees/students	Volume Litres	Total
Daily Design Flow (Q)			

Work Sheet D: Septic Tank Size

Minimum septic tank size permitted by the Ontario Building Code is 3600 litres.

Minimum holding tank size permitted by the Ontario Building Code is 9000 litres.

Occupancy type	Daily Design Flow (Q)	Minimum tank size (L)
Residential Occupancy house, apartment, camp for housing of workers	X 2 =	
All Other Occupancies	X 3 =	
Holding Tank	X 7 =	

Worksheet E: Leaching Bed Calculations (Class 4)

Complete One of A, B, C, D, E, F

□ A. Absorption Trench

Total length of distribution pipe	Conventional $(Q \times T) \div 200 =$ _____ m Type I leaching chambers $(Q \times T) \div 200 =$ _____ m Type II leaching chambers $(Q \times T) \div 300 =$ _____ m Configured as: _____ runs of _____ m Total: _____ m
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□ B. Filter Bed

Effective Area If $Q \leq 3000$ litres per day use $Q \div 75$ If $Q > 3000$ litres per day use $Q \div 50$ Level II-IV treatment units, use $Q \div 100$ Distribution Pipe Contact Area = $(Q \times T) \div 850$ Mantel (see Part 1)	Effective area: _____ (Q) \div _____ (75, 50, or 100) = _____ m ² Configured as: _____ m x _____ m Number of beds _____ Number of runs: _____ Spacing of runs: _____ m Contact Area: (_____ (Q) X _____ (T)) \div 850 = _____ m ²
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□ C. Shallow Buried Trench

Percolation time (T) of soil in minutes:	Length of distribution pipe (metres)	$(L) =$ _____ (Q) \div _____ (75, 50, 30) = _____ m Configured as: _____ runs of _____ m Total: _____ m
$1 < T \leq 20$	$Q \div 75$ metres	
$20 < T \leq 50$	$Q \div 50$ metres	
$50 < T < 125$	$Q \div 30$ metres	

□ D. Advance Treatment System

Provide description of system.

□ E. Type A Dispersal Bed

Stone Layer If $Q \leq 3000$ litres per day, use $Q \div 75$ If $Q > 3000$ litres per day, use $Q \div 50$ Sand Layer $1 < T \leq 15$ use $(Q \times T) \div 850$ $T > 15$ use $(Q \times T) \div 400$	Stone Layer = _____ (Q) \div _____ (75 or 50) = _____ m ² Sand Layer = (_____ (Q) x _____ (T)) \div (850 or 400) = _____ m ²
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□ F. Type B Dispersal Bed

Area = $(Q \times T) \div 400$ Linear Loading Rate (LLR) $T < 24$ minutes, use 50 L/min If $T \geq 24$ minutes, use 40 L/min Distribution Pipe	Area = (_____ (Q) x _____ (T)) \div 400 = _____ m ² Pump chamber capacity = _____ L Length (Q \div LLR) = _____ m Bed configuration = _____ m x _____ m = _____ m ² Number of Beds = _____ Configured as: _____ runs of _____ m Total: _____ m
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Worksheet F: Cross Sectional Drawings

Subsoil Investigation – Test pit

1. Soil sample to be taken at a depth of
2. Test pit to be a minimum 0.9m

Indicate level of rock and ground water level below original grade.

Original grade

0.5m

1.0m

1.5m

Soil and subgrade investigation. Indicate soil types

Cross sectional drawings are required for all septic systems

1. Location of existing grade.
2. Measurements to each component, distances to water table
3. Label each septic component.

A large grid for drawing cross-sectional drawings of septic systems. The grid is composed of 20 columns and 20 rows of small squares, providing a space for students to draw and label septic system components and their relationship to the ground and water table.

Worksheet G: Septic Plot Plan

Please provide the following information on this work sheet:

1. Location of sewage system and its components (e.g. tank, leaching bed, pump chamber)
2. Location of all buildings, pools and wells on the property and neighbouring properties
3. Locate and show minimum clearances for treatment units and distribution piping of items. Ontario Building Code, Division B, Table 8.2.1.6.A. and 8.2.1.6.B.
4. Location of property lines, easements, and utility corridors.

The form consists of a large grid of graph paper, approximately 30 units wide by 30 units high, intended for drawing a septic plot plan. The grid is composed of solid lines forming a square pattern.

Overall System Rating

- System working properly / no work required.
- System functioning / Maintenance required.
- System functioning / Minor repairs required
- System failure / Replacement required.

Additional Comments:

Note: Any repair or replacement of an on-site sewage system requires a building permit.

Contact the [Norfolk County Building Department](#) at (519) 426-5870 ext. 6016 for more information.

Verification

Owner:

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.

I, _____ (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respects to all matters pertaining to the existing onsite sewage system evaluation.

Owners Signature:

Date:

Evaluator:

I, _____ declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which can affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

Evaluator Signature:

Date:

Building Department Review

Comments:

Building Inspectors Name:

Building Inspector Signature:

Date: