



760 County Road 36
 Trent Lakes, Ontario KOM 1A0
 Telephone: 705-738-3800 or 1-800-374-3009
 Fax: 705-738-3801

OFFICE USE ONLY
File Number: _____
Date Received: _____

Application for a Review of Sewage Disposal System Requirements for: Building Additions, Renovations, and Additional Buildings

Owner: _____ Phone: _____

Address: _____

Lot #: _____ Concession: _____ Plan: _____ Sub Lot #: _____ Lot Size: _____

Roll # _____

Type of Building: single family dwelling seasonal dwelling business

Water Supply: Drilled Well (Depth of Casing _____ metres)
 Dug Bored Well Other _____

Describe the proposed changes: (draw diagram on next page)

EXISTING SEWAGE DISPOSAL SYSTEM

What type class of sewage system is serving the premises? _____

What year was the system installed? _____ Owner Name at the time: _____

Permit #: _____

Please attach a copy of the **Installation Report/Use Permit** issued for your existing system as well as a **floor plan of the existing dwelling**. We can search our records for the information. If the record of your sewage system is not available and if there is an increase in sewage flow, it will be presumed that the system is not up to Code and capacity will be an issue and a new system will be required. Alternatively, the applicant may engage the services with the engineer or a qualified sewage designer with a BCIN to conduct a study on the sewage system for which a permit does not exist. If the system is found to meet all the requirements of the Ontario Building Code, the existing system may be accepted. Contact your Sewage System Inspector to discuss further. A decrease in the **“performance level”** beyond the capacity of any component in the system would require compensating construction (upgrading).

EXISTING USE

State the number of:	Bedrooms	Showers & Bathtubs	Wash Basins	Laundry Units	Toilets	Kitchen Sinks	Hot Tubs*	Swimming Pools*	Water Treatment Devices*

Total Area of Living Space on Property (include guest cabins or garages with living quarters) _____ m²

***Note:** These items should not drain water to a sewage disposal system.

PROPOSED USE

**State
the
number
of:**

Bedrooms	Showers & Bathtubs	Wash Basins	Laundry Units	Toilets	Kitchen Sinks	Hot Tubs*	Swimming Pools*	Water Treatment Devices*

Total Area of Living Space on Property (include guest cabins or garages with living quarters) _____ m²
***Note:** These items should not drain water to a sewage disposal system.

LOT DIAGRAM AND SEWAGE SYSTEM PLAN

(Show all structures and well locations, dimensions and separation distances for what is existing and proposed)

DIRECTIONS TO PROPERTY

(Show Highway No., Secondary Roads, Signs to Follow, Landmarks, 911 address, etc.)

Note: In order for the sewage system inspector to do a proper evaluation of the owner's proposal and property, all of the required information must be completed **TO AVOID DELAYS.**

Owner's Signature _____ Date: _____

Owner's signature must be provided or a letter from the owner appointing an authorized agent.

An Authorization to Act As Agent form can be found on our website.

Agent/Applicant: _____ Phone: _____

Address: _____

Email: _____