



**SAUGEEN LAND MANAGEMENT & LEASING
BUILDING PERMIT PROCEDURES AND GUIDELINES**

P.O. Box 640, Southampton ON, N0H 2L0, Ph: 519-797-3039 Fax: 519-797-3452

2018-APPLICATION FOR SEPTIC PERMIT

ALL NOTIFICATIONS MUST BE DONE IN WRITTING. BCR No. 10-12-0053.

(PERMITTEE SECTION)

LOT INFO

Legal Description	Lot #
Plan No.	RSO # CLSR#
Civic Address	

PERMITTEE GENERAL INFO

Permittee/Lessee	
Mailing Address	
Phone	Home:() - Cell:() -
Email:	

CONTRACTOR INFO

Name	
Mailing Address	
Phone	Home:() - Cell:() -
Email:	

BRIEF JOB DESCRIPTION

Start Date:	Finish Date:
Type of construction:	

I/We hereby apply for a Building Permit as described above:

Signature of Applicant _____ Date _____



SAUGEEN LAND MANAGEMENT & LEASING BUILDING PERMIT PROCEDURES AND GUIDELINES

P.O. Box 640, Southampton ON, N0H 2L0, Ph: 519-797-3039 Fax: 519-797-3452

Sewage System Installer Information

A. Project Information			
Building number, street name, civic address		Plan number	Lot/Con.
Postal code	Saugeen First Nation #29	Chief;s Point #28	
B. Sewage System Installer			
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, of Division C?			
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)			
C. Registered Installer information (where answer to B is "Yes")			
Name		BCIN	
Street Address		Plan#	Lot/Con
Municipality	Postal Code	Province	Email
Tel Number()		Fax Number ()	
D. Qualified Supervisor Information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
I _____ declare that: (print name)			
<input type="checkbox"/> 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 Sewage Installer package prior to construction when the installer is known;			
OR			
<input type="checkbox"/> 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. I certify that:			
1. The information contained in this schedule 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	

Soil Design Criteria and Site Evaluation

A. Percolation Rate of Design Soil (T)

Percolation Rate of Design Soil T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	Percolation Rate of Mantle Sand T = _____ min/cm <input type="checkbox"/> Native <input type="checkbox"/> Imported	<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Lab Report Attached
--	--	--

Note: The Grey Bruce Health Unit requires documentation on the soils proposed to be used to determine the percolation rate ("T"-time) for conventional type fields or its suitability for filter bed sand in filter bed systems.

All reports must be dated within 12 months of construction.

B. Percolation Rate and Classification of Native Soil

<input type="checkbox"/> Laboratory Analysis (Attached Report)	<input type="checkbox"/> Test on Site (Test Pit)	<input type="checkbox"/> Estimated (Unified System)
--	--	---

TEST PIT SOIL DATA

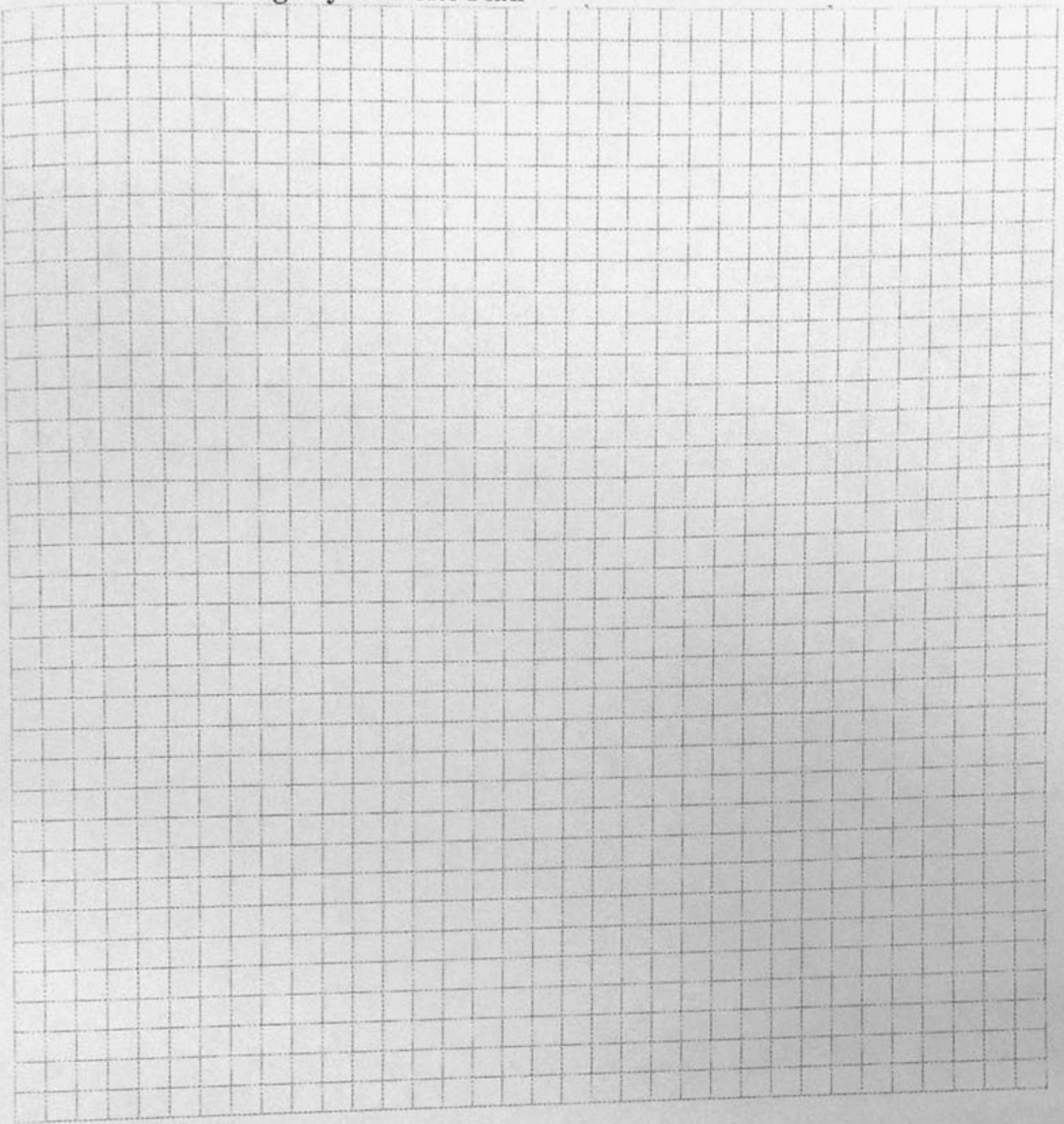
TEST PIT #1			TEST PIT #2		
Rock or Ground Water Table	Depth (metres)	Description of Soil	Rock or Ground Water Table	Depth (metres)	Description of Soil
	- 0 -			- 0 -	
	- 0.25 -			- 0.25 -	
	- 0.50 -			- 0.50 -	
	- 0.75 -			- 0.75 -	
	- 1.00 -			- 1.00 -	
	- 1.25 -			- 1.25 -	
	- 1.50 -			- 1.50 -	
	- 1.80 -			- 1.80 -	
Depth to Groundwater		_____ m	Depth to Groundwater		_____ m
Seasonal High Groundwater		_____ m	Seasonal High Groundwater		_____ m
Depth to Bedrock		_____ m	Depth to Bedrock		_____ m

ESTIMATED PERCOLATION RATE OF NATIVE SOIL

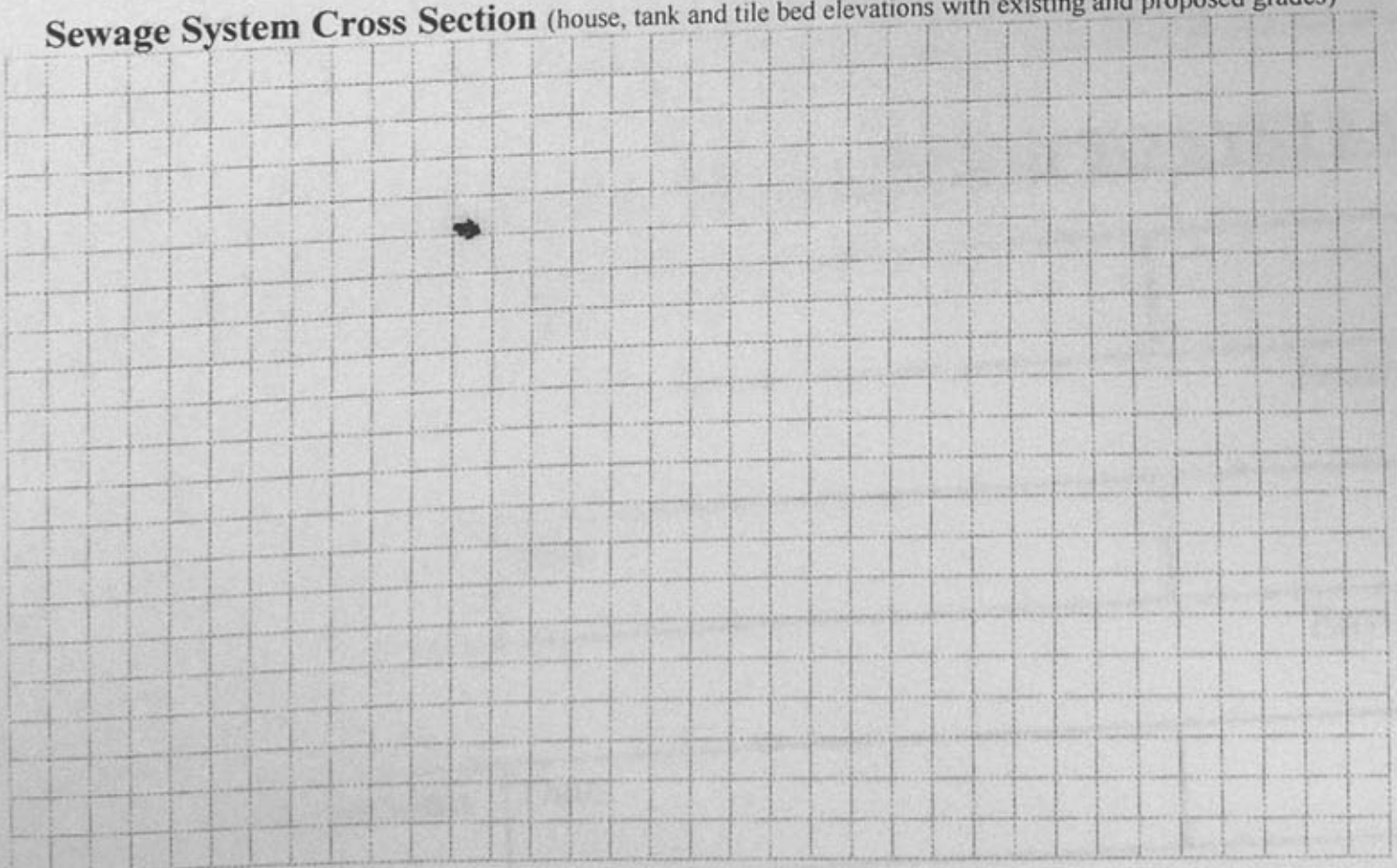
T-time (Min/cm)	Soil Type (Unified Soil Classification System)	Description
<input type="checkbox"/> 4 - 12	Gravel, Sand Mix, some fines	GM - Permeable to medium permeable, depending on amount of silt.
<input type="checkbox"/> 12 - 50	Clayey Gravel, gravel-sand-clay mixtures	GC - Important to estimate amount of silt and clay.
<input type="checkbox"/> 2 - 12	Gravel, Sand Mix, some fines	SW - Medium permeability
<input type="checkbox"/> 2 - 8	Gravelly Sand, uniform, some fines	SP - Medium permeability
<input type="checkbox"/> 8 - 20	Silty Sand / Loam Mix	SM - Medium to low permeability
<input type="checkbox"/> 12 - 50	Clayey Sand/Silty Loam Mix	SC - Medium to low permeability depending on amount of clay
<input type="checkbox"/> 20 - 50	Inorganic silts/Clayey Silts	ML - Medium to low permeability

T = _____ min./cm

Sewage System Site Plan



Sewage System Cross Section (house, tank and tile bed elevations with existing and proposed grades)



INSPECTOR'S COMMENTS _____



SAUGEEN LAND MANAGEMENT & LEASING BUILDING PERMIT PROCEDURES AND GUIDELINES

P.O. Box 640, Southampton ON, N0H 2L0, Ph: 519-797-3039 Fax: 519-797-3452

Conditions of Approval

√	Minimum 1000 gal/4500 L	√	All septics must be 30m/100ft from Lake Huron high water mark.
√	remove trees within 10 ft of tile bed lines		sewage system to be designed by a qualified engineer/designer
√	crown tile bed when completed	√	Pump contract & audible/visual alarm required for all Holding Tanks
√	min. 2" topsoil required over entire septic system	√	import suitable soil for tile bed area (sandy loam)
√	seed/sod tile bed when completed		swales required to divert surface water run off
√	3 ft of suitable soil under bottom of trench/filter bed	√	test pit in location of proposed bed.

TYPES OF CONSTRUCTION	BUILDING PERMIT FEE	INSPECTION FEE	TOTAL COST	NOTES
- Septic System	\$525.00	-		
- Bed or Tank Replacement	\$250.00	-		
- Holding Tank	\$525.00	-		
-Drilled Wells (as per OBC Standards) (Well Drillers/Contractors must provide a Provincial Permit for our records.)	\$85.00	-		

Total Amount due: \$ _____

PLEASE MAKE CHEQUE PAYABLE TO : SAUGEEN FIRST NATION #29

ALL FEES MUST BE PAID IN FULL PRIOR TO SYSTEM INSTALL!

Preliminary Inspection	Date	
Environmental Health Officer		
Final Inspection	Date	
Environmental Health Officer		
Grading/ Seeding Inspection	Date	
Saugeen Lands		



SAUGEEN LAND MANAGEMENT & LEASING BUILDING PERMIT PROCEDURES AND GUIDELINES

P.O. Box 640, Southampton ON, N0H 2L0, Ph: 519-797-3039 Fax: 519-797-3452

SAUGEEN FIRST NATION PERMIT WAIVER

“Any individual or entity receiving Permits and/or Permission from the Saugeen First Nation for new or existing structures or related items does so entirely at their own risk and hereby now and forever releases Saugeen First Nation and all of its employees or representatives from any and all claims and demands that individual or others may hereafter have against Saugeen First Nation, or its successors or assigns, arising out of or in connection with any loss or injuries sustained. Any individual or entity receiving Permits and/or Permission from Saugeen First Nation hereby now and forever waives all rights of subrogation against Saugeen First Nation and all of its employees or representatives.”

Permittee

Date