

**SEPTIC SYSTEM STATEMENT OF DESIGN**

**PROJECT INFORMATION**

Permit Application No. \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Type of Work  Construct New  Alter Existing  
 Remove/Demolish Existing  
 Repair Existing  
 Occupancy Served:  Residential  Non-Residential  
 If non-residential, specify uses \_\_\_\_\_

**DESIGNER INFORMATION**

Name: \_\_\_\_\_  
 Company and Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
 Individual BCIN: \_\_\_\_\_ Firm BCIN: \_\_\_\_\_

**SITE EVALUATION**

Native Soil Percolation Rate: \_\_\_\_\_  
 min/cm  
 Assumed (worst case)  Actual  
 Soil Grains Analysis Report?  Yes (attached)  No  
 Percolation Test Date: \_\_\_\_\_  
 Wells:  Dug or Bored  
 Drilled (watertight casing to 6m min)  
 No Wells Within 30m  
 Municipal Water Service  
 Site Evaluation Performed By:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

**DESIGN DATA**

Design Flow Rate (L): \_\_\_\_\_ Occupant Load: \_\_\_\_\_  
 Total Finished Floor Area (Above Grade): \_\_\_\_\_  
 Total # of Bedrooms: \_\_\_\_\_  

Description	#Total	X	#FU = Total FU
Kitchen Sinks	_____	X 1½ =	_____
Bathroom Group	_____	X 6 =	_____
Flush Tank Toilets	_____	X 4 =	_____
Showers & Bathtubs	_____	X 1½ =	_____
Wash Basins	_____	X 1 =	_____
Clothes Washers	_____	X 1½ =	_____
Laundry Tub	_____	X 1½ =	_____
Other	_____	X _____ =	_____
Other	_____	X _____ =	_____
<b>TOTAL</b>			

**SYSTEM DETAILS**

Class 2  Class 3  
 Class 4 Filter Bed  
 Base Contact Area \_\_\_\_\_  
 Area of Filter Medium \_\_\_\_\_ # Runs of Tile \_\_\_\_\_  
 Header OR  Distribution Box  
 Tank  Use Existing  New – Size (L) \_\_\_\_\_  
 Concrete  Polyethylene  
 Class 4 Raised Filter Bed  
 Base Contact Area \_\_\_\_\_  
 Area of Filter Medium \_\_\_\_\_ # Runs of Tile \_\_\_\_\_  
 Header OR  Distribution Box  
 Tank  Use Existing  New – Size (L) \_\_\_\_\_  
 Concrete  Polyethylene  
 Class 4 Trench Bed  
 Dug into Existing Soil OR  Imported Soil  
 If imported soil, provide (T) time \_\_\_\_\_  
 If imported soil, provide contact area \_\_\_\_\_  
 Total Length of Tile \_\_\_\_\_ # Runs of Tile \_\_\_\_\_  
 Header OR  Distribution Box  
 Tank  Use Existing  New – Size (L) \_\_\_\_\_  
 Concrete  Polyethylene  
 Class 4 (Other–Including BMEC Authorized System)  
 BMEC Authorization Attached  
 Manufacturer & Model \_\_\_\_\_  
 Daily Capacity (L) \_\_\_\_\_  
 Other Details \_\_\_\_\_  
 Class 5 (Holding Tank – Pump Out Contact Must Be Provided)  
 Size (L) \_\_\_\_\_  
 Concrete  Polyethylene  Other \_\_\_\_\_  
 Is a Sewage Pump Required?  Yes  No  
 If Yes, Capacity (L) \_\_\_\_\_ Horsepower \_\_\_\_\_  
 Head \_\_\_\_\_ Run \_\_\_\_\_

**SOIL CONDITION**

Depth (metres)	Soil Type
0	_____
0.5	_____
1.0	_____
1.5	_____

Show elevation of high groundwater table, rock or soil with a percolation time more than 50 minutes.  
 \_\_\_\_\_



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