



Box 357, #7 Milne Street  
 Minden, Ontario KOM 2K0  
 Telephone: 705-286-1260 Ext. 209  
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OFFICE USE ONLY
File Number: _____
Fee Receipt Number: _____
Date Fee Received: _____

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

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city, town, etc.) (postal code)

Township Lot #: \_\_\_\_\_ Concession #: \_\_\_\_\_ Township: \_\_\_\_\_

Plan #: \_\_\_\_\_ Sub Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Civic (Emergency, Fire, 911) or Roll # \_\_\_\_\_

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Building: \_\_\_\_\_  
(single family dwelling, seasonal dwelling, type of business)

Water Supply: Drilled Well (Depth of Casing \_\_\_\_\_ metres)  
 Dug or Bored Well \_\_\_\_\_ Other \_\_\_\_\_

Describe proposed changes: (draw diagram on reverse)

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### Existing Sewage Disposal System

What type of sewage system is serving premises? \_\_\_\_\_

What year was the system installed? \_\_\_\_\_ Owner at time: \_\_\_\_\_ File Number: \_\_\_\_\_

Please attach a copy of the **Installation Report/Use Permit** issued for your existing system. We can also search our records for the information. Our records date back to approximately 1974. 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 a new system will be required. Alternatively, the applicant may engage the services of an engineer (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 (includes guest cabins, bunkies, etc.) \_\_\_\_\_ m<sup>2</sup>

\*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*

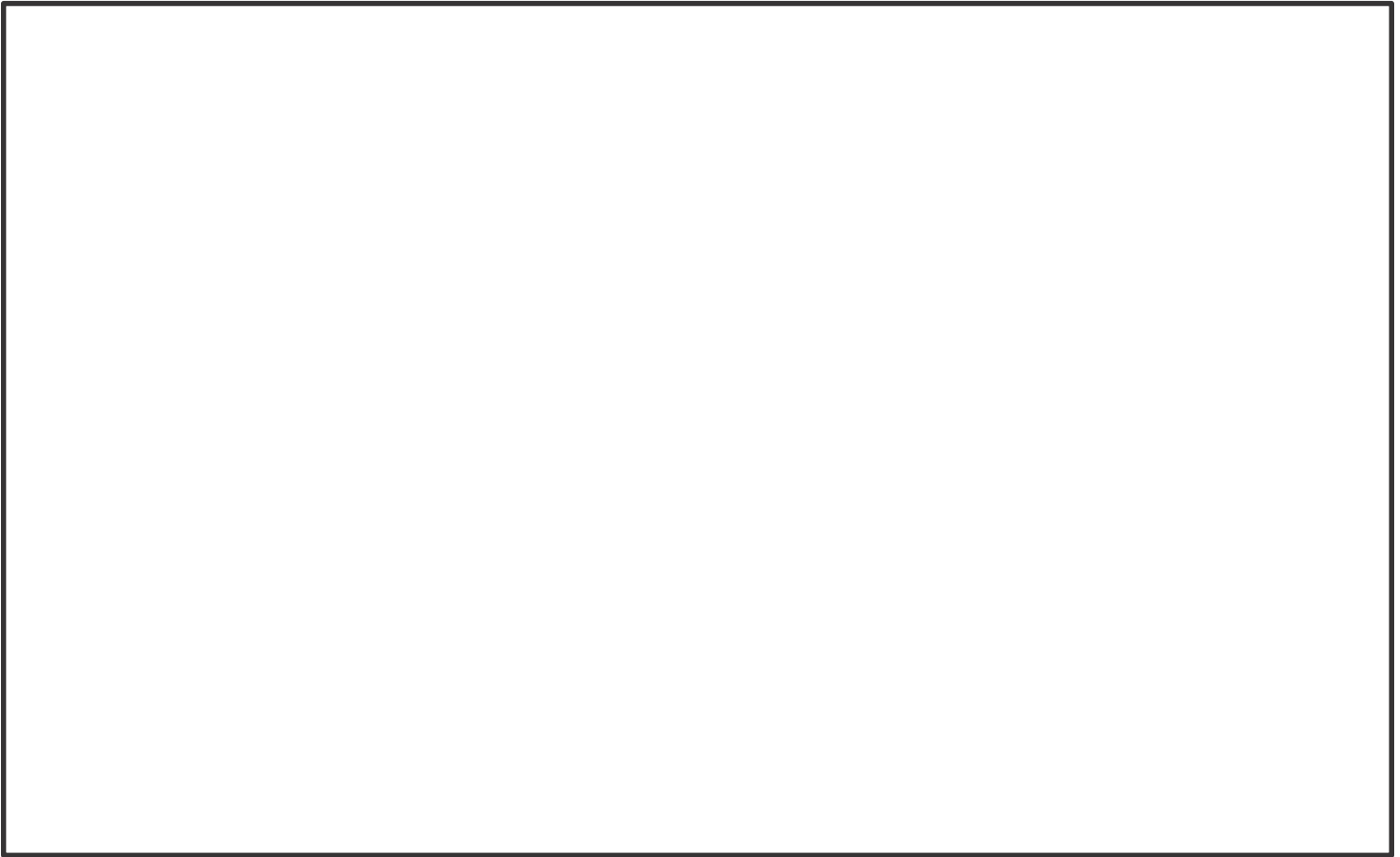
Total Area of Living Space on Property (includes guest cabins, bunkies, etc.) \_\_\_\_\_ m<sup>2</sup>

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

THE REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED

## 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.

Township of Minden Hills- Building/By-law/Planning Dept • P.O. Box 359 • 7 Milne Street • Minden, ON • K0M 2K0 • 705-286-1260 X 209