



Box 357, #7 Milne Street
 Minden, Ontario KOM 2K0
 Telephone: 705-286-1260 Ext. 209
 Fax: 705-286-6005

| |
|---------------------------|
| 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: _____

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)

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.) _____ 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* |
| | | | | | | | | | |

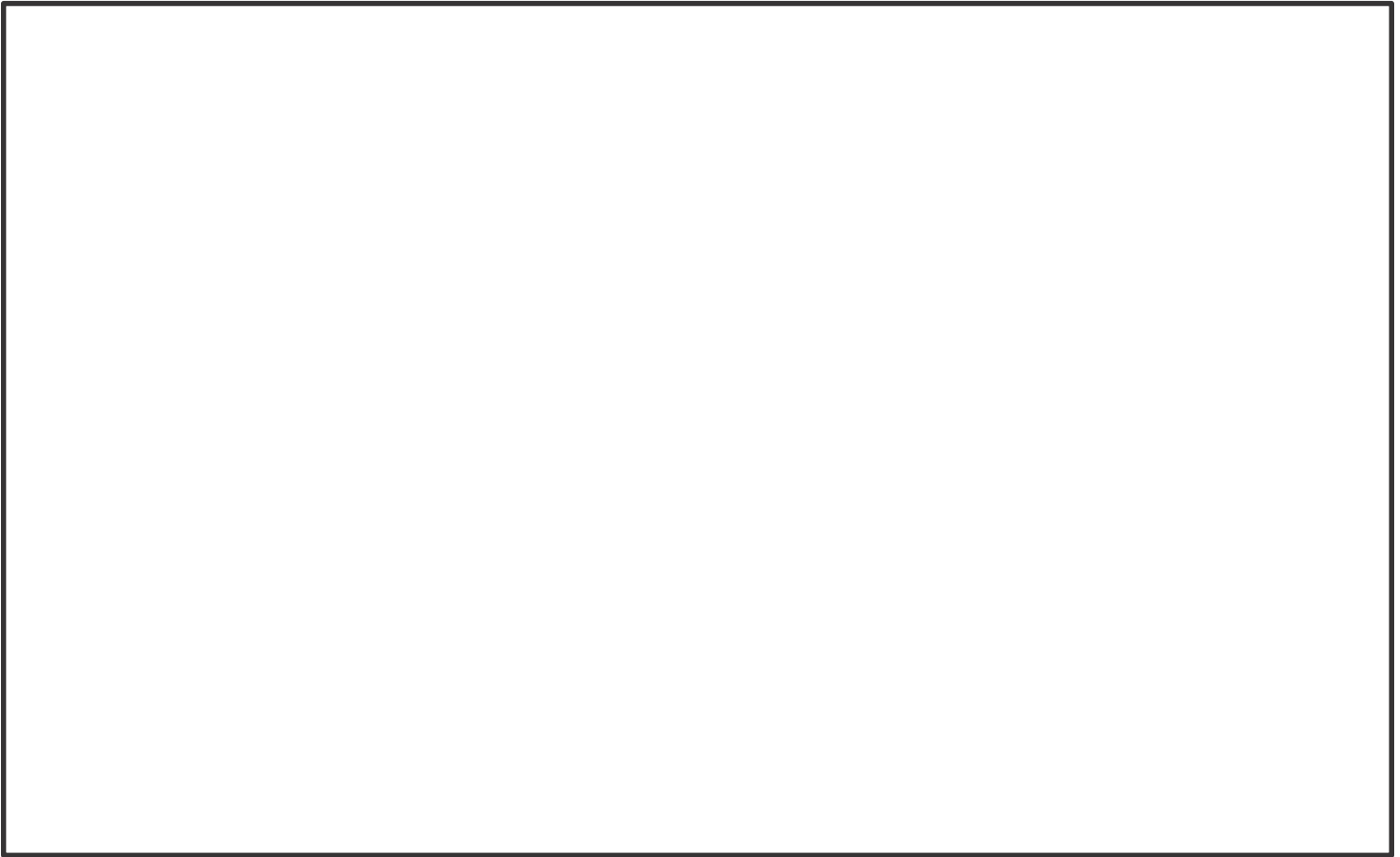
Total Area of Living Space on Property (includes guest cabins, bunkies, etc.) _____ m²

*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