

# SEWAGE SYSTEM EVALUATION APPLICATION

PLEASE COMPLETE EACH QUESTION  
(PLEASE PRINT)

Page 1 of 2

<b>Owner/Agent Name:</b> _____	
Mailing Address: _____	
Postal Code: _____	Phone Number: _____

<b>Project Location:</b>		
Civic Address (building number, street name): _____		
Legal Description: Lot: _____	Concession: _____	Plan Number: _____
Municipality: _____	Former Township: _____	
Property Roll Number: _____		
Lot Size: Frontage _____	Depth _____	Area _____

<b>Details of Building Alteration Proposed:</b>	
Current Number of Bedrooms: _____	
Additional Number of Bedrooms Proposed: _____	
Current Number of Plumbing Fixture Units (complete page 2): _____	
Additional Number of Plumbing Fixture Units Proposed (complete page 2): _____	
Current Finished Floor Area of dwelling: _____ (ft <sup>2</sup> /m <sup>2</sup> )	
Additional Finished Floor Area Proposed: _____ (ft <sup>2</sup> /m <sup>2</sup> )	
Existing Water Softener _____	Proposed Water Softener _____

<b>Details of existing Sewage System:</b>	
<i>(Note: Where existing sewage system is not verifiable through records, the onus will be on the applicant to unearth key septic system components for review)</i>	
Permit Number: _____	Date Installed: _____
Previous Home Owners Names (if known) _____	
Septic Tank Volume: _____ Litres	
Type of Leaching Bed: _____	
Length of distribution pipe/filter bed surface area: _____	

Is the property currently subject to a Minor Variance, Zoning Amendment, Official Plan Amendment, or Niagara Escarpment Development Permit? Yes • No • If yes, please provide details: _____
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I certify the above information to be correct

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

## MUNICIPALITY OF ARRAN-ELDERSLIE USE ONLY

- Recommended for approval • Not Recommended for approval • See Comments

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

# MUNICIPALITY OF ARRAN-ELDERSLIE

Source: Common Residential Fixtures Hydraulic Loads  
 Ontario Building Code 2024  
 Table 7.4.9.3

Description (Fixture)	# Existing	+	# Proposed	=	Total	x	Fixture Unit (Hydrolic Load)	=	Total Fixture Units
Bathroom Group (w/c, lav, tub)		+		=		x	6	=	
Sink/Wash Basin (lav)		+		=		x	1.5	=	
Bathtub/Shower (1 head)		+		=		x	1.5	=	
Flush Tank Toilet (w/c)		+		=		x	4	=	
Dishwasher		+		=		x	1	=	
Washing Machine/Laundry Tub		+		=		x	1.5	=	
Other		+		=		x		=	
Water Softener backwashes into Sewage System? <input type="checkbox"/> Yes <input type="checkbox"/> No Volume of Backwash: _____ litres							<b>Total Fixture Units</b>	=	

**SKETCH - Site Plan**

A large grid for drawing a site plan sketch, consisting of 30 columns and 30 rows of squares.

- Please provide sketch of proposal including location of existing structures, proposed alterations to structures, location of any know septic system components, setbacks to property lines, north arrow, etc.
- Incomplete information or sketch may delay review of your application or result in your application being returned.

\_\_\_\_\_  
 Signature of Owner/Agent

\_\_\_\_\_  
 Date