



DURHAM REGION HEALTH DEPARTMENT

Office Use PAYMENT RECEIVED Date: _____ Per: _____ Receipt No.: _____

SCHEDULE A (page 1 of 2)

- 101 Consumers Drive, 2nd Floor, Whitby (905)723-3818
- 181 Perry Street, 2nd Floor, Port Perry (905) 985-4889

Test Pit Open: Yes No

Water Supply: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing <input type="checkbox"/> Municipal <input type="checkbox"/> Dug/Bored <input type="checkbox"/> Drilled <input type="checkbox"/> Other _____	Site Inspection: Soil Profile (m) _____ _____ _____	Date: _____ By: _____ Soil Classification: _____ Est. Perc. Rate _____ min/cm Sieve Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No High Water Table Level _____ m (below grade)
Class of System <input type="checkbox"/> 1, 2 or 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Install <input type="checkbox"/> Repair <input type="checkbox"/> Alter	
Number of Fixture Units Type Number of Fixtures Water Closet (toilet) _____ x 4.0 = _____ Bathtub or Shower _____ x 1.5 = _____ Washbasin _____ x 1.5 = _____ Laundry Tub _____ x 1.5 = _____ Clothes Washer _____ x 1.5 = _____ Dishwasher _____ x 1.5 = _____ Kitchen Sink _____ x 1.5 = _____ Bathroom Group _____ x 6.0 = _____ Other _____ Total = _____	Daily Sewage Flow (DSF) _____ L/day # of Bedrooms _____ living space _____ m ² 1. Base Flow from # of bedrooms _____ (max 2500 L) 2. Additional Flow based on dwelling size: (each 10 m ² or part there of, 100 L over 200 to 400 m ² , 75L for 400 to 600 m ² , 50L for > 600 m ²) _____ 3. Additional flow based on fixture units: 50L per each unit over 20: _____ 4. Additional flow for each bedroom over 5 (500 L) _____ Total: 1 plus greater of 2, 3 or 4 = _____	
Tank(s): Septic Tank Size (residential) DSF x 2 = _____ proposed _____ L Septic Tank Size (non-residential) DSF x 3 = _____ proposed _____ L Holding Tank Size (residential) Minimum DSF x 7 = _____ proposed _____ L Holding Tank Size (non-residential) = minimum 9000 L proposed _____ L Other Treatment Unit = _____ L	Dosed Systems: Size of Pump Chamber - _____ L Litres per dose _____ L Balancing Tank Size - _____ L Number of doses per day _____ L Size of Dose - _____ L Type of Control Panel: _____	



SCHEDULE A (page 2 of 2)

<p>Type of Leaching Bed:</p> <p><input type="checkbox"/> conventional trench <input type="checkbox"/> filter bed <input type="checkbox"/> type A <input type="checkbox"/> type B <input type="checkbox"/> Other <input type="checkbox"/></p> <p><input type="checkbox"/> in ground <input type="checkbox"/> raised _____ m above existing grade</p>	<p>Percolation rate of fill _____</p>
<p>Conventional Trench:</p> <p>DSF x T/200 = _____ m Configured as _____ runs of _____ m = _____ m</p>	
<p>Filter Bed:</p> <p>Effective Area = DSF/75 L/m² (≤ 3000 L/day) = _____ m² Configured as _____ m x _____ m = _____ m²</p> <p>DSF/50 L/m² (>3000 – 5000 L/day) _____ /50 = _____ m² Configured as _____ m x _____ m = _____ m²</p> <p># Cells _____</p> <p>Distribution Pipes: Configured as _____ runs of _____ m Total _____ m</p> <p>Expanded Contact Area = Q x T/850 = _____ x _____ /850 = _____ m² Configured as _____ m x _____ m = _____ m²</p>	
<p>Loading Rate: <input type="checkbox"/> imported <input type="checkbox"/> irregular</p> <p>DSF/Loading Rate Factor = _____ m² configured as _____ m x _____ m = _____ m²</p>	
<p>Type A Dispersal Bed</p> <p>Stone Area = Q/75 (≤ 3000 L/day) = _____ m² configured as _____ m x _____ m = _____ m²</p> <p> = Q/50 (> 3000 L/day) = _____ m² configured as _____ m x _____ m = _____ m²</p> <p>Dispersal Area (Sand) = QT/850 (T ≤ 15) = _____ m² configured as _____ m x _____ m = _____ m²</p> <p> = QT/400 (T > 15) = _____ m² configured as _____ m x _____ m = _____ m²</p> <p>Distribution Pipes: Configured as _____ runs of _____ m = _____ m</p>	
<p>Type B Dispersal Bed</p> <p>Dispersal Area = DSF X T/400 = _____ m² Or = DSF/ loading rate (using table 2-8 of BCMOH) = _____ m²</p> <p>Linear Loading Rate = DSF/ 40 (where T ≥ 24) = _____ m = DSF/ 50 (where T < 24) = _____ m</p> <p>Or</p> <p>From Table 2-11 of BCMOH Where Required = _____ m</p> <p>Dispersal Bed Configuration = _____ m x _____ m = _____ m² # of Beds _____</p> <p>Distribution Pipes: Configured as _____ runs of _____ m = _____ m</p>	
<p>Level IV Treatment Unit/Tertiary Treatment Unit</p> <p>Manufacturer _____ Model _____ BMEC/BNQ Authorization _____ # Units _____</p>	
<p>Method of Headerline and Distribution Pipe Detection:</p> <p><input type="checkbox"/> magnetic means <input type="checkbox"/> tracer wire (14 gauge TW solid copper light coloured plastic coated)</p> <p><input type="checkbox"/> other means of subsurface detection, please specify _____</p>	