



Ottawa Septic Bureau des systèmes:
System Office septiques d'Ottawa

3889 Rideau Valley Drive Box 599 Manotick, ON K4M 1A5

Phone: 613-692-3571 **PRESS "4" for septic office** 1-800-267-3504 Fax: 613-692-1507 Email: septic@rvca.ca

SITE ADDRESS: 8520 McARTHUR Township: OSG-HUN-GLO-FIT-CUM-NEP-GOU-RID-KAN-TOR

CONTACT: 1. MARCZUK 2. X 3. X

RVCA RECEIVED
SEP 13 2021
REFER TO: _____

STREET/CIVIC INITIAL
****EMAIL ONLY****
SEPTIC FILE #
21-599
OTTAWA

INFORMATION FOR OWNER/APPLICANT

Attached is your Sewage System Permit. **A minimum of two inspections are required before your proposed sewage system can be approved for use (additional inspections may be required for clay soils/bedrock and/or re-inspections).** Inspections must be requested in writing. Please see attached:

- Inspection fax request form (all inspections MUST be requested in writing)
- As-built components and drawing form
- Copy of the approved application and schedule pages
- Approved Part 8 permit: ***Electronic copy only** – Be sure to **INCLUDE in Building Application Package for Plans Examiner at CITY of OTTAWA client services**, if **NEW or RENO** construction project.

Special Note

- **A permit is valid for 12 months from the original date of issuance noted in "permit date"**. If lapsed, it **may be renewed only once** for a period of 12 months from the date of expiry.

- No person shall make a material change or cause a material change to be made to a plan, specification, document or other information on the basis of which a permit was issued without notifying, filing details with and obtaining the authorization of the Chief Building Official. (*Building Code Act 1992, c.23, s.8(12)*)

Sewage System Permit Construction Requirements

1. Clay Soils/Bedrock only (if required per issued Approval)

In clay soils/bedrock, a site preparation inspection is required. The total contact area must be properly prepared. Scarification must be done under dry conditions prior to importing leaching bed fill.

2. Installation Inspection – 2nd inspection

When the sewage system is substantially completed (i.e., before the final fill is placed over the septic tank and leaching bed system) an installation inspection is required. Prior to any inspection request, the following must be submitted:

- a) "as-built components" and "as-built drawings" — see attached form
- b) "engineer letter" — if the system is engineered
- c) grain size analysis and weight bills for all Filter Media types of septic systems
- d) Weigh bills for washed septic stone, where applicable
- e) Maintenance/service contract for treatment unit installed

3. Final Grading Inspection – 3rd inspection

When construction of the sewage system is complete, a final grading inspection is required. Before a Certificate of Completion can be issued, the following must be complete:

- a) The leaching bed and septic tank must be covered with sand fill and topsoil and graded accordingly
- b) All conditions of the Sewage System Permit & comments on the installation inspection report must be met
- c) The depth of cover & material type must be identified by inspection pipes or holes placed over trenches at 4 corners of bed
- d) The 4 corners of the bed must be staked

JULY 2020

Location: 2:Administration templates\CoverPart8page

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority		SEPTIC FILE #	BWBA RECEIVED
Application number:	Permit number (if different):	21-558	SEP 13 2021
Date received:	Roll number:	OTTAWA	REFER TO: _____
Application submitted to: OTTAWA SEPTIC SYSTEM OFFICE <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
A. Project information			
Building number, street name 8520 McArton Road		Unit number	Lot/con.
Municipality Ottawa	Postal code K0A 1B0	Plan number/other description PLAN 4R-31570. (Part 1 of PIN04444-0010 LT)	
Project value est. \$		Area of work (m ²)	
B. Purpose of application			
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Demolition
Proposed use of building wild bird hospital			Conditional Permit
Current use of building		**COMMERCIAL**	
Description of proposed work			
C. Applicant			
Applicant is:		Owner or	Authorized agent of owner
Last name Marczuk	First name Juliette	Corporation or partnership Ottawa Valley Wild Bird Care Centre	
Street address 20 Hartsmere Dr.		Unit number	Lot/con.
Municipality Ottawa	Postal code K2S 1K2	Province ON	E-mail juliette@wildbirdcarecentre.org
Telephone number ()	Fax ()	Cell number (613) 291-1137	
D. Owner (if different from applicant)			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	


Application for a Permit to Construct or Demolish – Effective January 1, 2014

E. Builder (optional)		
Last name	First name	Corporation or partnership (if applicable)
Street address		Unit number / Lot/cont.
Municipality	Postal code	Province
Telephone number ()	Fax ()	Cell number ()
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)		
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.	Yes	No <input checked="" type="checkbox"/>
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?	Yes	No <input checked="" type="checkbox"/>
iii. If yes to (ii) provide registration number(s): _____		
G. Required Schedules		
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.		
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.		
H. Completeness and compliance with applicable law		
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.	Yes <input checked="" type="checkbox"/>	No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .	Yes <input checked="" type="checkbox"/>	No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.	Yes <input checked="" type="checkbox"/>	No
iv) The proposed building, construction or demolition will not contravene any applicable law.	Yes <input checked="" type="checkbox"/>	No
I. Declaration of applicant		
I, <u>Juliette Marczuk</u> declare that:		
(print name)		
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.		
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.		
Date	Sept. 13, 2021	Signature of applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
<div style="text-align: right; border: 1px solid black; padding: 2px;"> RVCA RECEIVED SEP 13 2021 REFER TO: _____ </div>			
B. Individual who reviews and takes responsibility for design activities			
Name Husham Almansour, P.Eng.		Firm Advanced Design, Assessment, and Development Incorporated	
Street address 135 Mangrove Cres.,		Unit no.	Lot/con.
Municipality Gloucester	Postal code K1T 0E4	Province Ontario	E-mail hkhha.adad@gmail.com
Telephone number (613) 526 1111	Fax number () N/A	Cell number (613) 601 2139	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
House	HVAC – House	Building Structural	
Small Buildings	Building Services	Plumbing – House	
Large Buildings	Detection, Lighting and Power	Plumbing – All Buildings	
Complex Buildings	Fire Protection	On-site Sewage Systems	
Description of designer's work			
Design the septic system that includes, estimation of the daily design sewage flow, septic system design details, and sewage system management/ Monitoring.			
D. Declaration of Designer			
I <u>Husham Almansour, P.Eng, Ph.D.</u> declare that (choose one as appropriate):			
(print name)			
I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.			
Individual BCIN: _____			
Firm BCIN: _____			
I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.			
Individual BCIN: _____			
Basis for exemption from registration: _____			
The design work is exempt from the registration and qualification requirements of the Building Code.			
Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have submitted this application with the knowledge and consent of the firm.			
Date	September, 10, 2021	Signature of Designer	

NOTE:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

Schedule 2: Sewage System Installer Information

A. Project Information			
Building number, street name		SEPTIC FILE #	Unit number
Municipality	Postal code	Plan number/other description	RVCA RECEIVED SEP 13 2021
		21-558	
B. Sewage system installer			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing , servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?			
Yes (Continue to Section C)		No (Continue to Section E)	
		<input checked="" type="checkbox"/> Installer unknown at time of application (Continue to Section E)	
C. Registered installer information (where answer to B is "Yes")			
Name		BCIN	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
D. Qualified supervisor information (where answer to section B is "Yes")			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
E. Declaration of Applicant:			
<p>I <u>Juliette Marczuk</u> declare that:</p> <p align="center">(print name)</p> <p>I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p>I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> 1. The information contained in this schedule is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <p align="center"> Date Sept. 13, 2021 Signature of applicant </p>			



Schedule 4
Proposed Services
Complete Sections 1 thru 7

Do Not Complete
Permit # _____
Revision # _____
Date _____
RVCA RECEIVED
SEP 13 2021
REFER TO: _____

1. Engineered

- Yes
- No

2. Water supply

- Proposed
- Existing

3. Type of work proposed

- New Installation
- Replacement
- Alteration

4. Type of Well

- Dug/bored/Sandpoint well
- Drilled well
- Municipal
- Other

5. Residential Sewage Design Flow Info.

Bedrooms _____
House (floor area) _____ **m²**
People _____
Total Fixture Units _____ (Schedule 8)
Residential Flow _____ **L/day**

6. Sewage Design Flow Other Occupancies

Design Flow _____ **5,500 L/day**
Detailed sewage flow calculations:
Sanitary Servicing for the Building: As per OBC, Table 8.2.1.3.B
 $Q_{daily} = 3450 \text{ L/day}$. (See attached report for details)
Servicing for Outdoor Aviaries: $Q_{daily} = 2000 \text{ L/day}$ (maximum)

7. Type of System

- Treatment Unit _____
- Class 2 – Leaching Pit
- Class 3 – Cesspool
- Class 4 – Shallow Buried Trench
- Class 4 – Trench (Schedule 9)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – Filter Media (Schedule 10)
 - Fully raised
 - Partially raised
 - In-ground

- Class 4 – BMEC Area Bed (Schedule 11)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type A” Dispersal (Schedule 13)
 - Fully raised
 - Partially raised
 - In-ground
- Class 4 – “Type B” Dispersal (Schedule 14)
 - Fully raised
 - Partially raised
 - In-ground
- Class 5 – Holding Tank (9000L min)
- Tank/Treatment Unit/Pump Chamber ONLY
- Effluent Filter/Risers ONLY



Schedule 5 Sewage System Details

Do Not Complete Permit No. Revision No. Date. RVCA RECEIVED

SEP 13 2021

Type of System Class 4: Burid Tile Bed - Absorption Trench Method (Schedule 4)
Septic/Holding Tank Size: 12,500 & 6000 Litres Make: To be decided
Septic Tank Effluent Filter Make: To decided Model: To decided

Treatment Unit - Make & Model
Number of Units:
Refer to Typical Drawing #
Mantle Information: Native or imported =15m in direction(s)
Slope subgrade % slope direction(s)

Site to be Scarified (If clay) YES / NO
Clay Seal Required (If bedrock) YES / NO

Trench, Shallow Buried Trench, Filter Media Bed, Dispersal Bed, BMEC Type A/B
Distribution Pipe Length, Loading Area, Type of Chamber, Length of Chamber, Stone, Extended Base, Pipe, Weight of Filter Media, Loading Area, Linear Loading

Tank/Treatment Unit/Pump Chamber Replacement ONLY
Effluent Filter & Riser ONLY
Construction Notes:

Scale: 1Block = _____

Do Not Complete
Permit # _____
Revision # _____
Date **RVCA RECEIVED**

SEP 13 2021

REFERTO: _____

Please See Attached Report

N

o Dug Well • Drilled Well ▲ Neighbouring Homes ◊ Benchmark --- Tile Drainage --- Property Line

Elevations (metric only)

B.M. _____ m

B.M. Description _____

Exact Location _____

Min. of 5 elevations in proposed system area (in X pattern)

X₁ _____ X₂ _____

X₃ _____ X₄ _____

X₅ _____ X₆ (toe) _____

X₇ _____ X₈ _____



Schedule 8
Fixture unit count

Do Not Complete
Permit # _____
Revision # _____

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SEP 13 2021

Fixtures	# Existing	+ # Proposed	X unit coefficient	Fixture Count
Bathroom				
Bathroom group (toilet, sink and tub or shower) installed in the <u>same</u> room		+	X 6	=
Bathub with/without overhead shower		+	X 1.5	=
Shower stall		+	X 1.5	=
Wash basin (SINK) (1½inch trap)		+	X 1.5	=
Watercloset (TOILET) tank operated		+	X 4	=
Bidet		+	X 1	=
Kitchen				
Dishwasher		+	X 1	=
Sink with/without garbage grinder(s), domestic and other small type single, double or 2 single with a common trap		+	X 1.5	=
Other				
Domestic washing machine		+	X 1.5	=
Combination sink and laundry tray single or double (Installed on 1½ trap)		+	X 1.5	=

***Total:**

***Insert the TOTAL in section 5 of Schedule 4 (0.Reg 151/13 Table 7.4.9.3)**

1. **Sump pumps and floor drains are not to be connected to the sewage system.** Connection of such fixtures to a sewage system may lead to a hydraulic failure of the said system. The above mentioned fixtures should be discharged separately to an approved Class 2 (leaching pit) sewage system.
2. Where laundry waste is not more than 20% of the total daily design sanitary sewage flow, it may discharge to a sewage system (Part 8, OBC, 8.1.3.1(2)).

Agent/Owner signature _____

Date _____

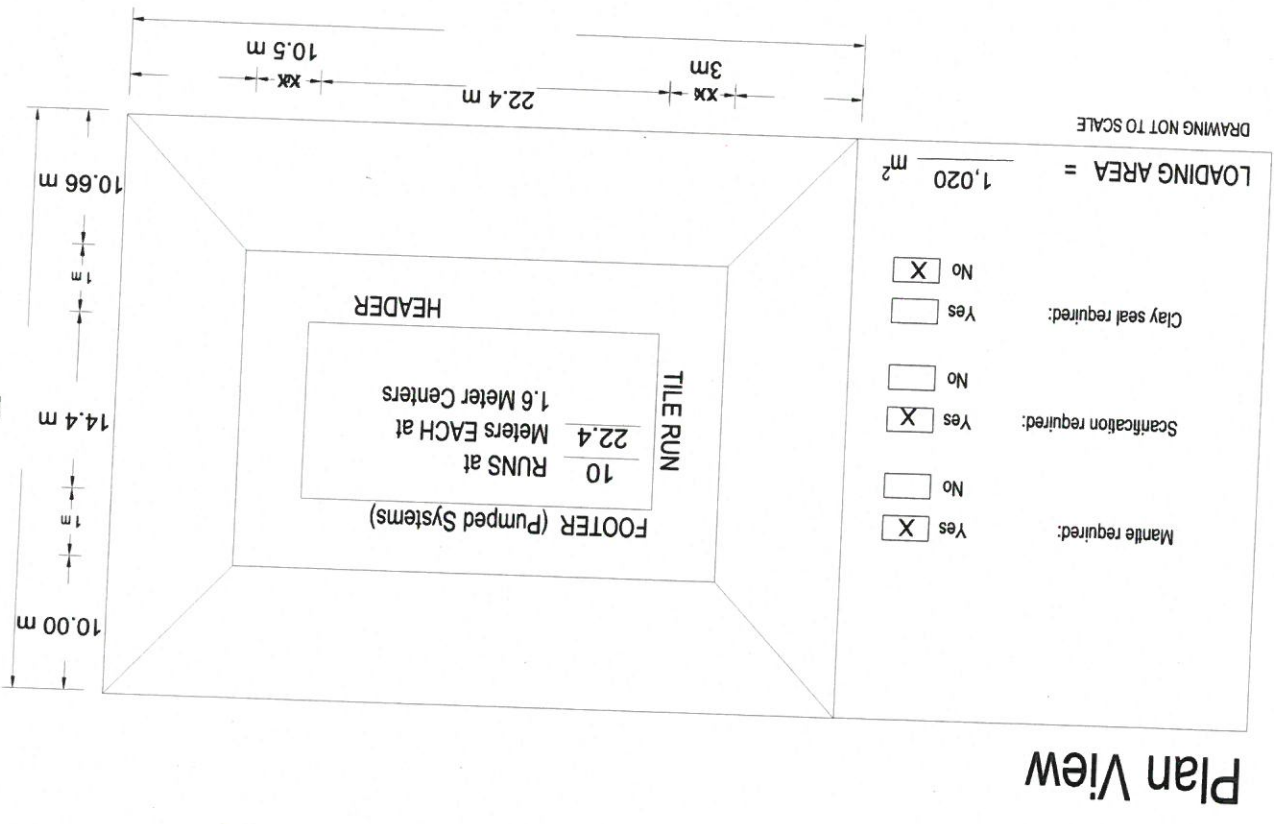
Ottawa Septic Bureau des systèmes septiques d'Ottawa
System Office septiques d'Ottawa
Typical Drawing A
BURIED OR RAISED TILE BED - ABSORPTION TRENCH METHOD

OTAWA
 21-558
 SEPTIC FILE #
 #

SEP 16/21

RVCA RECEIVED	REFER TO:	
SEP 13 2021	Proposed Installation Grades	134.9
	Approved Installation Grades	133.9
	Existing Installation Grades	133.5
		132.5

Water Table at 131.4



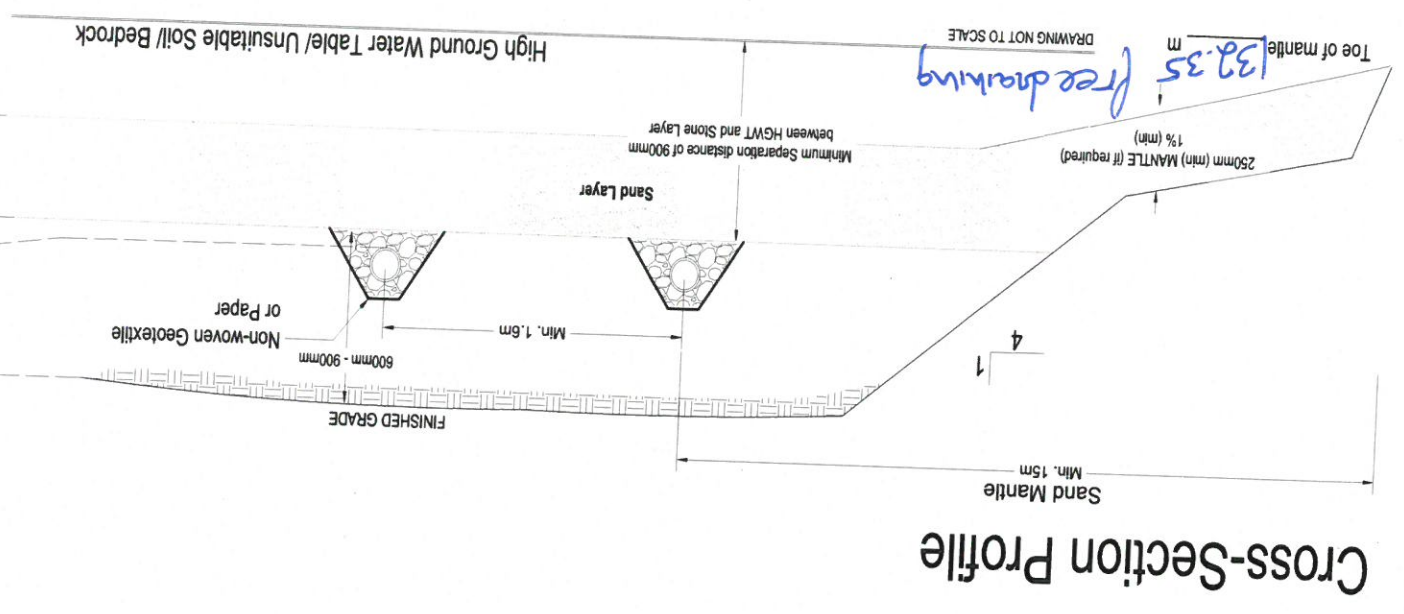
LOADING AREA = 1,020 m²

Mantle required: Yes No

Scantification required: Yes No

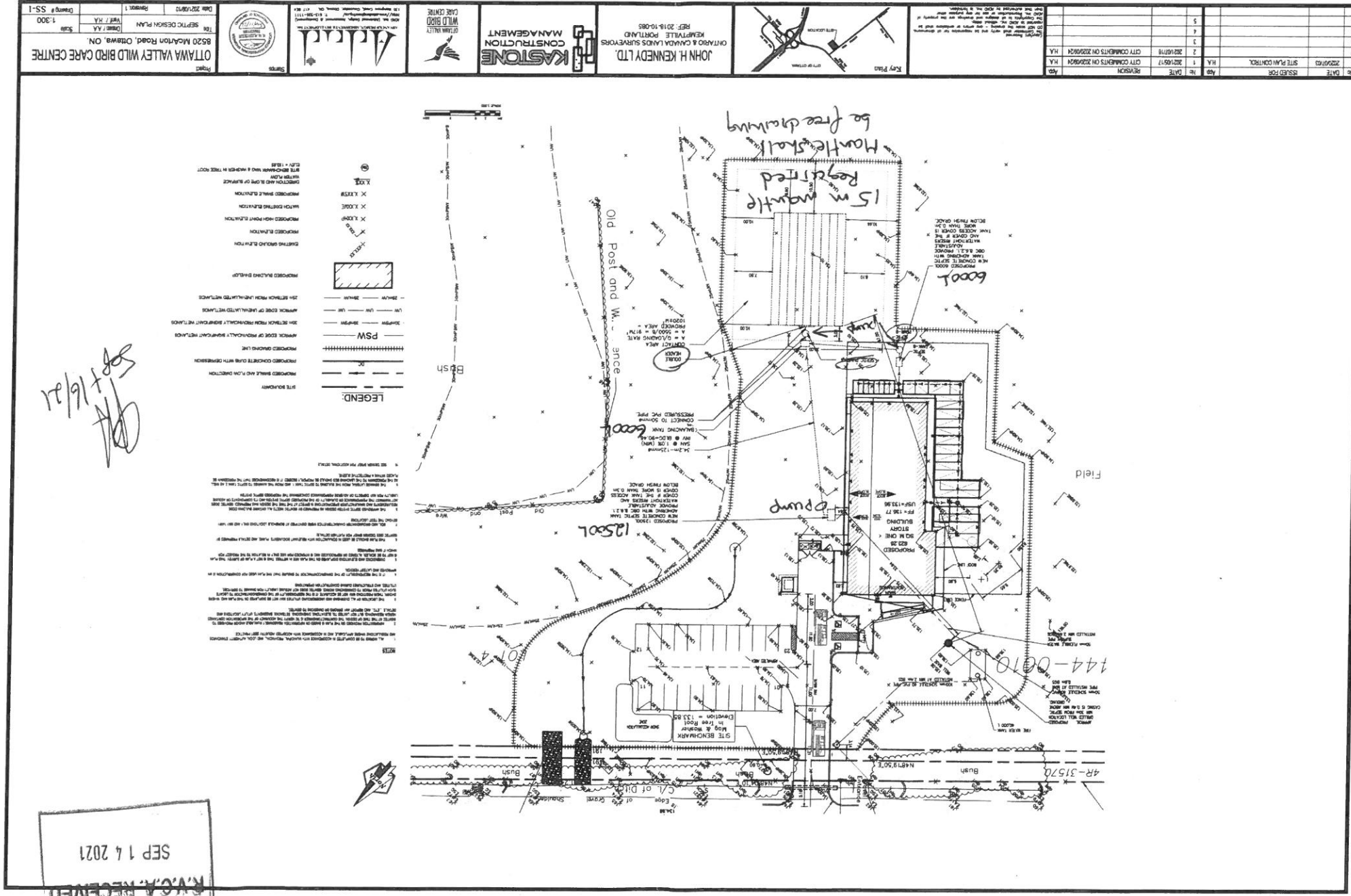
Clay seal required: Yes No

Plan View



Cross-Section Profile

132.35 Free drawing
 m
 Toe of mantle
 1% (min) MANTLE (if required)
 250mm (min) MANTLE (if required)
 Minimum Separation distance of 900mm
 between HGWT and Stone Layer
 Sand Layer
 Non-woven Geotextile
 or Paper
 600mm - 900mm
 Min. 1.6m
 Sand Mantle
 Min. 1.5m
 High Ground Water Table/ Unsuitable Soil/ Bedrock
 DRAWING NOT TO SCALE



R.V.O.A. RECEIVED
 SEP 14 2021
 OTTAWA

SEPTIC FILE #
 21-558
 OTTAWA

NO.	DATE	ISSUED FOR	BY
1	2021/07/17	SITE PLAN CONTROL	H.A.
2	2021/07/17	CITY COMMENTS ON REVISION	H.A.
3			
4			
5			

Project: OTTAWA VALLEY WILD BIRD CARE CENTRE
 8520 McATION Road, OTTAWA, ON.
 Scale: 1:300
 Drawing: SS-1

Client: OTTAWA VALLEY WILD BIRD CARE CENTRE
 Designer: JOHN H. KENNEDY LTD.
 Project: KENVILLE PORTLAND
 Ref: 2018-10-08

Contractors: KASTONE CONSTRUCTION MANAGEMENT
 JOHN H. KENNEDY LTD.
 KENNEDY & CAVADA LAND SURVEYORS

Figure B-1: Septic System Design Plan



Permit

Part 8 – Sewage System Ontario Building Code

Do Not Complete
 Permit No 21-558
 Revision No _____
 Date _____
 Related Application _____

A copy of this permit must be posted on the property at all time during construction. OBC, Division C — Part 1, Section 1.3.2.1
 This permit verifies that the on-site sewage system was reviewed and approved for construction under the *Ontario Building Code* and *O.Reg. 323/12* as amended by *O.Reg. 151/13*.

Inspected & Recommended by: Ryan Hiemstra & Jason Hutton Owner: Ottawa Valley Wild Bird Care Centre
 Inspection Date & Time: Nov 2, 2021 Weather: _____
 Civic Address: 8520 McArton Road Legal: Plan 4R-31570, Part 1

number of bedrooms: _____ fixture units: _____
 finished floor area: _____ Q: 5500 L/day

septic tank 12500 & 6000 L weigh bills for yes no
 effluent filter YES grain size analysis required yes no
 pump rate _____ timer dosed L/15 min site to be scarified yes no
 treatment unit _____ clay seal inspection yes no
 number of units _____ mantle required yes no
 sub-grade inspection yes no

ELEVATION In Ground Partially Raised Fully Raised

TYPE OF SYSTEM

Trench
 Pipe and Stone or Chambers

type of chamber _____ Shallow Buried Trench
 loading area _____ m² pipe length _____ m
 total trench length _____ m orifice spacing 0.6 m
 trench configuration _____ Filter Media Bed
 stone _____ m²
 extended base _____ m²

Dispersal Bed

BMEC Type A Type B

stone _____ m² weight of filter media _____ kg
 sand _____ m² loading area _____ m²
 pipe _____

Class 5 Holding Tank

Septic Tank Only

linear loading _____ L/m²

Manager, Septic System Approvals: *Jenny Randzio* Permit Date: NOVEMBER 3 2021

Comments: 1. OSSO to inspect subgrade prior to placing sandfill.

maintenance/pumping required ESA permit # required engineer to verify
 Class 5 Holding Tank approval only valid for three years from date of issue subgrade
 squirt height

Manager, Septic System Approvals: _____ Revision Date: _____

Comments: _____

NOTE: For further details, refer to corresponding application.