



Sewage System Design Residential

Location: _____

Owner: _____

Building Criteria:

Item	# of	Fix Units	Total Flow (L)
Total Floor Area (Includes 50% of walkout basement)			
Bedrooms			
Bathroom Groups		6	
Water Closets		4	
Urinals		1.5	
Laundry Tubs		1.5	
Kitchen Sinks		1.5	
Bathtubs/Showers		1.5	
Pantry/Bar Sink		1.5	
Dishwasher		1	
Floor Drain		3	
Other			
Grand Total			

Sewage System Class 1 2 3 4 5

Type of Dispersal Bed A B N/A

Name of Tertiary Treatment Unit _____



Septic System Design Residential

Maintenance Agreement (if required) Yes No

Daily Design Flow (Litres) _____

T-Time of Soil (Provide Report) _____

Water Supply Municipal Private

Distance from Well(s) _____

Size of Septic Tank (Litres) _____

Size of Pump Chamber (Litres) _____

Contact Area m² _____

Size of Distribution Pipe _____

Leaching Field	Type	Raised	Size (m ²)
	Trench		
	Filter Bed		
	Area Bed		
	Shallow Buried		
	Infiltrators		

Note: Site Plan and Septic design drawings must be attached with this form.