

Building Criteria for On Site Septic System Design Residential

Location: _____
 Owner: _____
 Septic Installer: _____ BCIN _____

Building Criteria

Item	# of	Fix. Units	Total
Total Floor Area [Includes 50% of walkout basement]			
Bedrooms			
Bathroom Groups		6	
Water Closets		4	
Urinals		2	
Washbasins		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			

Septic System Design Information

Class of System [Circle One] 1 2 3 4 5
 Type of Tertiary Treatment Unit [Circle One] A B
 Name of Tertiary Treatment Unit _____
 Maintenance Agreement [Circle One] Yes No
 Daily Design Flow [Litres] _____
 T-Time of Soil [Provide Report] _____
 Water Supply [Circle One] Municipal Private
 Distance from Well _____

 Size of Septic Tank [Litres] _____
 Manufacturer _____
 Size of Pump Chamber [Litres] _____
 Contact Area m² _____
 Size of Distribution Pipe _____

Leaching Field	Type	Raised	Size sq m
	Trench		
	Filter Bed		
	Area Bed		
	Shallow Buried		
	Infiltrators		

[Site plan and or septic details must be attached with this form]