



Municipality of Hastings Highlands
 Building Department
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Calculation Sheet

Ontario Building Code Proposed Requirements - Residential Sewage Disposal System

Name: _____ Address: _____ Tel: () _____

1. Sewage Flow

- a) Number of bedrooms up to 5 bedrooms: _____ = _____ Litres (1)
- b) Each bedroom over 5 bedrooms: _____ x 500 = _____ Litres (2)
- ADD**
OR
- c) Living Space: _____ m²
- Each 10 m² (or part of it) over 200 m² up to 400 m²: _____ x 100 = _____ Litres
- Each 10 m² (or part of it) over 400 m² up to 600 m²: _____ x 75 = _____ Litres
- Each 10 m² (or part of it) over 600 m²: _____ x 50 = _____ Litres Total: _____ Litres (3)
- OR** (whichever is the larger flow)
- d) Total Fixture Units: _____
- Each Fixture Unit over 20: _____ x 50 = _____ Litres (4)
- Total Sewage Flow:** (Q) (Add 1 + 2 or 3 or 4) _____ Litres

2. Septic Tank Size

Residential Occupancy: _____ Sewage Flow: _____ x 2 = _____ Litres (Minimum - 3600) Litres

3. Leaching Bed Size

Length of Pipe = $\frac{\text{Sewage Flow} \times \text{Percolation Time}}{200}$

$L = \frac{QT}{200} = \frac{\quad \times \quad}{200} =$ _____ m. of trench _____ ft. of trench

Rounded to: _____ m. of trench _____ ft. of trench

4. Loading Rate for Fill-Based Absorption Trenches and Filter Beds

Loading Rates	Percolation Time	Loading Rate (L/m ² /day)
	1-20	10
	20-35	8
	35-50	6
	> 50	4

Sewage Flow ÷ Loading Rate = m² of contact area
 _____ ÷ _____ = _____ m² of contact area

5. Filter Bed Size

Sewage Flow < 3000 Litres/Day: Sewage Flow ÷ 75 = m²
 _____ ÷ 75 = _____ m² of filter bed

Sewage Flow > 3000 Litres/Day: Sewage Flow ÷ 50 = m²
 _____ ÷ 50 = _____ m² of filter bed

SOIL CONDITION	
Depth (metres)	Soil Type
0	
0.5	
1.0	
1.5	
Show Rock Elevation _____	
Show Water Table _____ W	

6. Filter Bed Contact Area of Filter Sand

Area = $\frac{\text{Sewage Flow} \times \text{Percolation Rate}}{850}$ = m² of contact area

$A = \frac{QT}{850} = \frac{\quad \times \quad}{850} =$ _____ m² of contact area

Owner/Contractor/Designer's Name: _____

Signature: _____

Date: _____