

SCHEDULE 3 SEPTIC SYSTEM INFORMATION TO ASSESS SEWAGE SYSTEM FOR SHORT TERM RENTAL ACCOMMODATION

DESCRIPTION	DWELLING #1	DWELLING #2	SLEEPIN CABIN (BUNKIE)	OTHER	TOTAL FIXTURE UNITS
	EXISTING	EXISTING	EXISTING	EXISTING	
Toilet					
Wash Basin (Sink)					
Bathtub or Shower					
Shower Stall					
Bathroom Group (3 Piece)					
Kitchen Sink (Single or Double					
Bar Sink					
Washing Machine					
Garbage Grinder					
Other (Urinal etc)					
TOTAL FIXTURE UNITS					
FINISHED FLOOR AREA					
# OF BEDROOMS					
# OF PEOPLE					

FOR USE BY BUILDING DEPARTMENT STAFF:

Total Bedroom =	L/ Day + Total Area (over 200)m2) =	<u>L/Day</u>
+ Total Fixture Units=	L/Day Proposed Flow=	L/Day (Persons)
Septic System Approval #			
Maximum Daily Sewage Flo	w (L/day)		
Sewage System adequate to	support Short Term Rental:	Yes	No
Date:	Print Name:		
	Signature:		

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, M.56. S.29(1)(g), 31(b). The information will be used for the purposes of administering this project. The information collected will be protected with appropriate security safeguards. All questions or concerns with respect to the collection, storage, use or retention of the information you provide on this form may be directed to Township Clerk, 1 Bailey Street Port Carling Ontario POB 1J0, telephone at 705-765-3156 Ext. 211