



## SCHEDULE 3 – SEWAGE SYSTEM INFORMATION TO SUPPORT PROPOSAL

OWNER: \_\_\_\_\_ ROLL # \_\_\_\_\_

PROPOSAL \_\_\_\_\_

APPLICANT \_\_\_\_\_ PHONE # \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DESCRIPTION	#UNIT PER FIXTURE	DWELLING #1		SLEEPING CABIN (BUNKIE)		OTHER (Specify)		OTHER (Specify)	
		EXISTING	PROPOSED	EXISTING	PROPOSED	EXISTING	PROPOSED	EXISTING	PROPOSED
Toilet	4								
Wash Basin (Sink)	1								
Bathtub or Shower	1.5								
Shower Stall	1.5								
Bathroom Group (3 Piece)	6								
Kitchen Sink (Single or Double)	1.5								
Bar Sink	1								
Washing Machine	1.5								
Other (specify)									
Garbage Grinder Y / N * See Note									
<b>TOTAL FIXTURE UNITS</b>									
<b>FINISHED FLOOR AREA</b>									
<b># OF BEDROOMS</b> 2 persons/bdrm									
<b># OF ADDITIONAL PEOPLE PROPOSED **</b>									
<p><b>* NOTE: GARBAGE GRINDER – 2.5 x DAILY FLOW FOR SEPTIC TANK SIZING*</b></p> <p>** Identify # of persons more than 2 persons/bedroom proposed. An additional flow rate of 250 L/day will be assigned to each additional person**</p>									

**FOR USE BY BUILDING DEPARTMENT STAFF:**

# Bedrooms = \_\_\_\_\_ L/Day + Septic System Approval # \_\_\_\_\_

Fixture Units (over 20) = \_\_\_\_\_ L/Day + Maximum Daily Design Flow (L/day) \_\_\_\_\_

Floor Area (over 200m2) = \_\_\_\_\_ L/day = Sewage System adequate to support Proposal: YES / NO

Proposed Daily Design Flow= \_\_\_\_\_ L/Day Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**ADDITIONAL STAFF COMMENTS:** \_\_\_\_\_

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 the Township Clerk, 1 Bailey Street Port Carling Ontario P0B 1J0, telephone at 705-765-3156 Ext. 211