SCHEDULE 3 - SEWAGE SYSTEM INFORMATION TO SUPPORT PROPOSAL

OWNER:					_ ROLL #					
PROPOSAL										
APPLICANT					PHONE #					
APPLICANT'	S SIGN	ATURE	Ī							
DESCRIPTION	# UNITS	DWELLING #1 Proposed Existing		DWELLING #2 Proposed Existing		SLEEPING CABIN Proposed Existing		OTHER Proposed Existing		TOTALS
	PER FIXTURE									
Toilet	4									
Wash Basin (Lavatory)	1									
Bathtub or Shower	1.5									
Shower Stall	1.5									
Bathroom Group	6									
Kitchen Sink (single or double)	1.5									
Bar Sink	1									
Washing Machine	1.5									
Garbage Grinder										
Other (Specify)										
TOTAL FIXTURE UNIT	S									
FINISHED FLOOR AREA										
# OF BEDROOMS										
FOR USE BY BUII	LDING DE	PARTMEN	NT STAFF	:						
# Bedrooms =		L/ Day		+						
Fixture Units (ove	r 20) =		_/Day	+						
Floor Area (over 200m2) = L/day				=		Proposed	d Daily D	esign Flow	/=	L/Day
Septic System Ap	proval #					Maximuı	m Daily D	Design Flov	w (L/day)	
Sewage System adequate to support Proposal:					Yes	1	No			
Date:					Name:					_
					ature:					=

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 POB 1JO, telephone at 705-765-3156 Ext. 211