



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

DESCRIPTION	DWELLING #1	DWELLING #2	SLEEPIN CABIN (BUNKIE)	OTHER	FIXTURE UNITS
	EXISTING	EXISTING	EXISTING	EXISTING	TOTAL
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 2 persons/bedroom					
# OF ADDITIONAL PEOPLE PROPOSED **					

** Identify # of persons in excess of 2 persons/bedroom proposed. An additional flow rate of 250 L/day will be assigned to each additional person**

FOR USE BY BUILDING DEPARTMENT STAFF:

Total Bedroom = _____ L/day + Total Area (over 200m²) = _____ L/day

Total Fixture Units = _____ L/day + Total Additional Persons = _____ L/day

Proposed Flow = _____ L/day

Septic System Approval # _____

Maximum Daily Sewage Flow (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 P0B 1J0, telephone at 705-765-3156 Ext. 211