



**CORPORATION OF THE MUNICIPALITY OF MISSISSIPPI MILLS**

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Request No.
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## Municipal Water and Wastewater System Capacity Check

**Applicant**

Last Name:		First Name:		Corporation or Partnership:	
Street Address:			Unit Number:		Lot/Con.
Municipality:		Postal Code	Province		Email (optional)
Telephone Number		Fax Number			Mobile Number

**Water Works Design Information**

Average Daily Per Capita Demand = 350L/cap/day	
Design Area (ha)	Fire Flow as per OBC
Number of Dwelling Units	Fire Flow as per FUS 10,000 L/min (167 L/s)
Projected Population	Average Daily Demand (ADD)
Max Day Factor Source:	Max Day Demand (MDD)
Peak Hour Factor Source:	Peak Hour Demand (PHD)

**Sewage Works Design Information**

Inflow and Infiltration Allowance = 0.33L/s/ha	
Average Daily Per Capita Flow (L/cap/day)	Peak Population Flow (L/s)
Peaking Factor (Manning's Equation)	Peak Extraneous Flow (L/s)
Wastewater Drainage Area for Development (ha)	Peak Design Flow (L/s)

**Project Description**

Street Address		Unit number	Lot/Con.
Postal Code	Plan number/ other description		City/Town

Description: ( Please provide at a minimum the intended location of the development area as well as a preferred connection location(s) for both water and sewer systems. \_\_\_\_\_

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Water connections from Adelaide main. Connecting to Menzie is also possible via the 6m pathway. However crossing the municipal drain is not planned.

Sanitary connection is proposed via Adelaide new sewer shared by both developments.

Watermain will be shared by both developments.

**Attachments**

1	Site Servicing report ( water demand, fire flow and saniatry calculations)
2	Draft plan - Latest w/ 55 units
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**Conditions and Acknowledgements**

1.	I/WE HEREBY AGREE THAT ALL INFORMAITON PROVIDED FOR THE PURPOSES OF REQUESTING THIS MUNICIPAL SYSTEM CAPACITY CHECK IS ACCURATE AND CONSISTENT WITH ALL MUNICIPAL GUIDELINES.
2.	I/WE HEREBY ACKNOWLEDGE THAT ANY ERRORS OR OMMISIONS IN THE PROVIDED INFORMATION SHALL RENDER ANY RESULT OF A MUNICIPAL SYSTEM CAPACITY CHECK TO BE INCORRECT AND INVALID FOR THE PURPOSES OF USING SAID RESULT FOR A DEVELOPMENT APPLICATION.
3.	I/WE AGREE TO PAY ALL COSTS RELATED TO THE REQUEST OF THIS MUNICIPAL WATER AND WASTEWATER SYSTEM CAPACITY CHECK WHICH WILL BE FORWARDED ON BY THE MUNICIPALITY FROM THE CONSULTANT RESPONSIBLE FOR COMPLETING THE ANALYSIS.

**Applicant has read and understood the conditions of this application** \_\_\_\_\_  
Date Signature of Applicant