

PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM

Application Date: _____
mm/dd/yyyy

Development Permit No.: _____ (only if applicable)
Other Permits Required: Electrical Plumbing Gas
(under separate application) Building Not Applicable

Estimated Start Date: _____ Estimated Completion Date: _____
mm/dd/yyyy

Permit Applicant: Owner Contractor Value of Work (labour and materials): \$ _____

Owner Name (please print): _____
Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____ Fax: _____

Contractor Name (please print): _____ **Contact Name** (please print): _____
Mailing Address: _____ City: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____ Fax: _____

Project Location: Municipality: _____ Subdivision Name: _____ Tax Roll No.: _____
Unit: _____ Building No.: _____ Street: _____ City: _____ Province: _____ Postal Code: _____
LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____ Lot: _____ Block: _____ Plan: _____
Directions: _____

Submit with Application: Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice

Description of Work (please provide *complete and detailed* description of what is intended to be completed): _____

Work has not started Work is in progress Work is complete

NOTE THAT WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF WORK	INITIAL COMPONENT	SOIL BASED TREATMENT SUMMARY
<small>Please only select applicable item(s)</small>	<small>Please only select applicable item(s)</small>	<small>Please only select applicable item(s)</small>
<input type="checkbox"/> Residential/No. of Bedrooms: _____ <input type="checkbox"/> Commercial/No. of Seats/Employees: _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Work Camps/No. of Beds: _____ Variance No. _____ Variance Exp. Date: _____	<input type="checkbox"/> Holding Tank Capacity: _____ CSA Cert. No.: _____ <input type="checkbox"/> Septic Tank Working Capacity: _____ CSA Cert. No.: _____ <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter	<input type="checkbox"/> Treatment Field <input type="checkbox"/> LFH At-Grade <input type="checkbox"/> Chamber System Treatment Field <input type="checkbox"/> Open Discharge <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Lagoon <input type="checkbox"/> Sub-surface Drip Dispersal <input type="checkbox"/> Privy <input type="checkbox"/> Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet/Inches <input type="checkbox"/> Depth to Limiting Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet/Inches Soil Texture: _____ Structure: _____ Grade: _____ <input type="checkbox"/> Soil Effluent Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Linear Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Soil Infiltration Area Required: _____ <input type="checkbox"/> m ² <input type="checkbox"/> ft. ²
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System Expected Peak Volume: _____ <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day <input type="checkbox"/> Meters ³ /day (not to exceed 25 m ³ /day)	<input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	

FOIP Notification: Personal information collected on this form is collected under authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Certified Installer's Name (please print) _____ Certified Installer's Signature _____ **PS** Certification No. _____

Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this application, I hereby certify that I own/will own and occupy this dwelling. I take full responsibility for the installation of the on-site wastewater treatment system.

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	SCO/Permit Issuer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	SCO/Permit Issuer's Signature: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	Receipt No.: _____	Designation No.: _____
<input type="checkbox"/> Credit Card (attach signed credit card authorization form)		Permit Issue Date: _____ <small>mm/dd/yyyy</small>