

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM**

**Application Date:** \_\_\_\_\_  
mm/dd/yyyy

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

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
mm/dd/yyyy 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
Please only select applicable item(s)	Please only select applicable item(s)	Please only select applicable item(s)
<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"/> 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 <sup>3</sup> /day (not to exceed 25 m <sup>3</sup> /day)	<input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	<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 <sup>2</sup> <input type="checkbox"/> ft. <sup>2</sup>

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: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Designation No.: \_\_\_\_\_

Cash  Debit  Cheque Permit Issue Date: \_\_\_\_\_  
mm/dd/yyyy

Credit Card (attach signed credit card authorization form)