

Alberta

Authority

Safety Codes



[Agency File No.

Issued Permit No.

Development Permit No:	PRI' Application Date:	VATE SEWAGE DISPOSAL SYS	STEM PEI	RMIT APPLI	CATION FOR	М	
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Mailing Address:	Owner Name (please print):						
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Contractor Name (please print): Contractor Name (please print):							
Mailing Address: City: Province: Postal Code: Email: Phone: Fax: Project Location: Municipality: Subdivision Name: Tax Roll No.: Province: Postal Code: Project Location: Municipality: Subdivision Name: Postal Code: Postal Code: LSD: Quarter: Section: Township: Range: West of: Lot: Block: Plan: Directoris: Subdivision Mark System Design Report as per the current Alberta Private Sewage Systems Standard of Practice Description of Work (please provide complete 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			antaat Nam	O (-1			
Project Location: Municipality: Subdivision Name: Tax Roll No.	· · · · · · · · · · · · · · · · · · ·			,	Drovinco:	Postal Codo:	
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Gallons/day Meters ³ /day (not to exceed 25 m³/day) 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 (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.: Permit Issue Date:	Please only select applicable item(s) ☐ Residential/No. of Bedrooms: ☐ Commercial/No. of Seats/Employees: ☐ Industrial ☐ Work Camps/No. of Beds: Variance No. Variance Exp. Date: ☐ New Installation ☐ Alteration of Existing System	NOTE THAT WORK MUST BE INITIAL COMPONEN Please only select applicable Holding Tank Capacity: CSA Cert. No.: Septic Tank Working Capacity: CSA Cert. No.: Packaged Sewage Treatment Plata Sand Filter Effluent Tank Settling Tank	INSPECTEI	□ Treatment Fi □ Chamber Sy □ Treatment M □ Sub-surface □ Depth to Res □ Depth to Lim Soil Texture: □ Soil Effluent	SOIL BASED TRE Please only selected stem Treatment Field found Drip Dispersal strictive Layer:str. Loading Rate:	cct applicable item(s) LFH At-Grad Open Discha Lagoon Privy Meters Meters ucture: L/day	e e grade: mp. Gal/day
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□ Cash □ Debit □ Cheque Permit Issue Date:	Please only select applicable item(s) Residential/No. of Bedrooms: Commercial/No. of Seats/Employees: Industrial Work Camps/No. of Beds: Variance No. Variance Exp. Date: New Installation Alteration of Existing System Expected Peak Volume: Callons/day Meters ³ /day (not to exceed 25 m ³ /day) FOIP Notification: Personal information collected on this form is monitoring, verification and program evaluation. The name of the directed to ASCA Coordinators at 1-888-413-0099 or at Suite Certified Installer's Name (please print) Homeowner's Signature (homeowner permit only) Homeow treatment system.	INITIAL COMPONEN Please only select applicable Holding Tank Capacity: CSA Cert. No.: Septic Tank Working Capacity: CSA Cert. No.: Packaged Sewage Treatment Plate Sand Filter Effluent Tank Settling Tank Lift Station Lift Station Certified Installer's Signature Office SCC Levy:	item(s) ant itify that I own/will Use Only SCO/Pe	□ Treatment Fi □ Chamber Sy □ Treatment M □ Sub-surface □ Depth to Res □ Depth to Lim Soil Texture: □ Soil Effluent □ Linear Loadi □ Soil Infiltration Protection of Privacy Act. unicipality or made availated own and occupy this description.	Please only selicible stem Treatment Field lound Drip Dispersal strictive Layer:	DECEMBRICATION OF THE PRINCE O	e Irge Feet/Inches Feet/Inches Grade: Imp. Gal/day Imp. Gal/day ft.2 s, safety codes compliance tions about this collection may
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- Cross Core sensor digities group day agriculture	Please only select applicable item(s) Residential/No. of Bedrooms: Commercial/No. of Seats/Employees: Industrial Work Camps/No. of Beds: Variance No. Variance Exp. Date: New Installation Alteration of Existing System Expected Peak Volume: Gallons/day Gallons/day Heters³/day (not to exceed 25 m³/day) FOIP Notification: Personal information collected on this form is monitoring, verification and program evaluation. The name of the directed to ASCA Coordinators at 1-888-413-0099 or at Suite Certified Installer's Name (please print) Homeowner's Signature (homeowner permit only) Homeow treatment system. Permit Fee: \$ Total Cost: \$	INITIAL COMPONEN Please only select applicable Holding Tank Capacity: CSA Cert. No.: Septic Tank Working Capacity: CSA Cert. No.: Packaged Sewage Treatment Plate Sand Filter Effluent Tank Settling Tank Lift Station collected under authority of section 33(c) of the Alberta Freedom to permit holder and nature of the permit may be included on repression, 10405 Jasper Avenue, Edmonton, AB TSJ 3N4. Certified Installer's Signature Office SCC Levy: (\$4.50 or 4% of the permit fee maximum \$560.00)	item(s) ant if information and orts provided to a m Use Only SCO/Pe SCO/Pe Designa	□ Treatment Fi □ Chamber Sy □ Treatment M □ Sub-surface □ Depth to Lim Soil Texture: □ Soil Effluent □ Linear Loadi □ Soil Infiltration Protection of Privacy Act. unicipality or made availate ermit Issuer's Na ermit Issuer's Signation No.:	Please only selicible stem Treatment Field lound Drip Dispersal strictive Layer:	LEFH At-Grad Deen Dischation Dischation Deep Dischations, issuing permit allowed by legislation. Questimized Deep Dischation	e Irge Feet/Inches Feet/Inches Grade: Imp. Gal/day Imp. Gal/day ft.2 s, safety codes compliance tions about this collection may