

PRIVATE SEWAGE SYSTEM PERMIT APPLICATION



[agency file no.]

[received date stamp]

[eSITE permit no.]

APPLICANT, OWNER, & CONTRACTING COMPANY INFORMATION

Application Date (mmm/dd/yyyy): **Other Permits Required:** Building Electrical Gas Plumbing Not Applicable
(under separate application)

Development Permit No. (only if applicable):

Estimated Start Date (mmm/dd/yyyy): **Estimated Project Completion Date** (mmm/dd/yyyy):

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

Owner Name (please print):

Mailing Address: **City / Town / Village:** **Province:** **Postal Code:**

Email: **Phone:** **Fax:**

Contracting Company Name (please print): **Contact Name** (please print):

Mailing Address: **City / Town / Village:** **Province:** **Postal Code:**

Email: **Phone:** **Fax:**

PROJECT LOCATION

Municipality: **Subdivision / Hamlet:** **Tax Roll No.:**

Street / Rural Address: **Unit:**

Lot: **Block:** **Plan:**

LSD: **Quarter:** **Section:** **Township:** **Range:** **West of:**

Directions:

Description of Work (please provide a *complete* and *detailed* description of the work to be completed including all applicable drawings/documents):

WORK MUST BE INSPECTED BEFORE COVERING Work has not started Work is in progress Work is complete

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

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"/> New Installation <input type="checkbox"/> Alteration of Existing System <input type="checkbox"/> Residential/No. of Bedrooms: <input type="text"/> <input type="checkbox"/> Commercial/No. of Seats/Emp: <input type="text"/> <input type="checkbox"/> Industrial <input type="checkbox"/> Work Camps/No. of Beds: <input type="text"/> Variance No.: <input type="text"/> Variance Exp. Date: <input type="text"/> Expected Peak Volume: <input type="text"/> <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters ³ /day <small>(not to exceed 25 m³/day)</small>	<input type="checkbox"/> Holding Tank: Model #: <input type="text"/> Capacity: <input type="text"/> CSA Cert No.: <input type="text"/> <input type="checkbox"/> Septic Tank: Model #: <input type="text"/> Working Capacity: <input type="text"/> CSA Cert No.: <input type="text"/> <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Effluent Tank <input type="checkbox"/> Settling Tank <input type="checkbox"/> Lift Station	<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 (with holding tank) <input type="checkbox"/> Enhanced Surface Discharge Depth to Restrictive Layer: <input type="text"/> <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to most limiting condition: <input type="text"/> <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Limiting Soil Texture: <input type="text"/> Structure: <input type="text"/> Grade: <input type="text"/> Soil Effluent Loading Rate: <input type="text"/> <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Linear Loading Rate: <input type="text"/> <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Soil Infiltration Area Required: <input type="text"/> <input type="checkbox"/> meters ² <input type="checkbox"/> feet ²

FOIP Notification: Personal information collected on this form is collected under the 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): **Certification No.:** **Certified Installer's Signature:**

Homeowner's signature (homeowner permit only)
Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling

OFFICE USE ONLY

Permit Fee: \$ **Travel Fee:** \$ **SCO/Permit Issuers Name** (please print):

Council Levy: \$ (\$4.50 or 4% of the permit fee maximum \$560.00) **SCO/Permit Issuers Signature:**

Total Cost: \$ **Designation No.:**

Cash Cheque Debit **Receipt No.:** **Permit Issue Date** (mmm/dd/yyyy):

Credit Card (attach signed credit card authorization form) Invoiced