



COUNTY OF
NEWELL

County of Newell
PO Box 130
Brooks, Alberta, T1R 1B2
PH: (403) 362-3266
administration@newellmail.ca
www.countyofnewell.ab.ca



The Inspections Group Inc
2825 18 Avenue N
Lethbridge, Alberta, T1H 6T5
PH: (587) 787-4143 TF: 1 (888) 852-3558
Fax: (587) 787-4142
south@inspectionsgroup.com
www.inspectionsgroup.com

Please submit all permit applications to development@newellmail.ca for review and processing.

PRIVATE SEWAGE PERMIT APPLICATION FORM

Development Permit Number: _____

Estimated Project Completion Date: _____

Building Permit Number (if applicable): _____

Project Value (labour and material): \$ _____

Applicant Type: ☐ Owner ☐ Contractor

Work: ☐ has not started ☐ is in progress ☐ is complete

OWNER / APPLICANT: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

PROJECT LOCATION:

Municipality: _____ Subdivision / Hamlet Name: _____

Street Address: _____

Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____

Directions: _____

BUILDING USE:

- ☐ Residential
of bedrooms _____
- ☐ Commercial
of employees _____
- ☐ Industrial
- ☐ Institutional
- ☐ Agricultural
- ☐ Work Camp
of workers _____
- ☐ Other (specify) _____

TYPE OF WORK:

- ☐ New Installation
- ☐ Alteration of Existing System
- Expected Peak Volume _____
- ☐ m³ ☐ litres ☐ imperial gallons / day

INITIAL COMPONENT:

- ☐ Holding Tank
- ☐ Septic Tank
- ☐ Packaged Treatment Plant
- ☐ Sand Filter
- ☐ Settling Tank
- ☐ Effluent Tank
- ☐ Lift Station
- ☐ Other (specify) _____

CSA Certificate # _____

SOIL BASED TREATMENT:

- ☐ Treatment Field
- ☐ Chamber System Treatment Field
- ☐ Treatment Mound
- ☐ Sub-Surface Drip Dispersal
- ☐ LFH At-Grade
- ☐ Open Discharge
- ☐ Lagoon
- ☐ Privy
- ☐ Enhanced Surface Discharge
- ☐ Other (specify) _____

DESCRIPTION OF WORK: _____

Certified Installer's Name (print)

Certified Installer's Certificate Number

Certified Installer's Signature

Homeowner's Signature (homeowner permit only)

I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

OFFICE USE ONLY

PAYMENT TYPE:

☐ Cheque ☐ Mastercard ☐ Visa ☐ Debit ☐ e-Transfer ☐ Invoice

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

= Total Cost: \$ _____

Receipt #: _____

APPLICATION DETAILS:

Application Date: _____

Permit Number: _____

* \$4.50 or 4% of the permit fee maximum \$560.00

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. Information related to your permit application and any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection or use of your personal information, please contact the Privacy Officer for the County of Newell at administration@newellmail.ca or (403) 362-3266.