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PERMIT # \_\_\_\_\_

**PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor Application Date (mm/dd/yyyy): \_\_\_\_\_  
 New Home Warranty No.(if applicable): \_\_\_\_\_ Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Project Location- Municipality: \_\_\_\_\_ Subdivision/Hamlet: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M  
 Directions: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Submit with Application:  Soil Log Report (2 test pits)  Soil Analysis  System Diagram  CSA-B66 Certificate  Site Plan/Diagram  
 Work has not started  Work is in progress  Work is complete

TYPE OF OCCUPANCY	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Residential <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Commercial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Industrial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Work Camp/No. of Men _____	<input type="checkbox"/> New <input type="checkbox"/> Alteration Expected Volume of Effluent: _____ <input type="checkbox"/> m <sup>3</sup> /day <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day(not to exceed 25 m <sup>3</sup> /day) No. of Bedrooms _____ (residential including basement and future development)	Complete all applicable items: <input type="checkbox"/> Septic Tank Size _____ Serial No.: _____ <input type="checkbox"/> Holding Tank Size _____ Serial No.: _____ <input type="checkbox"/> Treatment Mound Size _____ (sand Layer) <input type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> M <sup>2</sup> <input type="checkbox"/> Disposal Field Size _____ (trench bottom) <input type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> M <sup>2</sup> <input type="checkbox"/> Depth of Water Table _____ <input type="checkbox"/> Feet <input type="checkbox"/> Inches <input type="checkbox"/> Open (surface) Discharge <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

\_\_\_\_\_  
 Installer's Name (print)  Installer's Signature OR  Homeowner's Signature (homeowner permit only) Homeowner Declaration:  
 By signing this I hereby certify that I own/will own and occupy this dwelling.

Private Sewage Installer's Certification Number: PS: \_\_\_\_\_

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____ Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	Purchase Order No.: _____ Expiry _____

**Permit Validation Section: (to be completed by the Permit Issuer)**  
 Special Conditions: \_\_\_\_\_  
 Other Permits Required (under separate application):  Building  Plumbing  Gas  Electrical  
 Permit Issuer's Name: \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_  
 Designation No.: \_\_\_\_\_ Permit Issue Date (mm/dd/yyyy): \_\_\_\_\_