

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION FORM**

Development Permit No.: \_\_\_\_\_ Other Permits Required (under separate application):  Building  Electrical  Plumbing  Gas  
 Application Date (mmm/dd/yyyy): \_\_\_\_\_ Estimated Project Completion Date (mmm/dd/yyyy): \_\_\_\_\_  
 Permit Applicant:  Owner  Contractor Value of Installation (labour and material): \$ \_\_\_\_\_

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

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

**Project Location:** Municipality: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LSD: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

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

**NOTE THAT WORK MUST BE INSPECTED BEFORE COVERING**

TYPE OF WORK	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Commercial/Conventional <input type="checkbox"/> Industrial/Conventional <input type="checkbox"/> Residential/Conventional <input type="checkbox"/> Commercial/Advanced <input type="checkbox"/> Industrial/Advanced <input type="checkbox"/> Residential/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: _____

**FOIPP 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 (print) \_\_\_\_\_ Certified Installer's Signature \_\_\_\_\_  
 Private Sewage Installer's Certification No.: \_\_\_\_\_ PS \_\_\_\_\_  
 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: \$ \_\_\_\_\_ SCC Levy: \_\_\_\_\_ Issuing Officer's Name: \_\_\_\_\_  
 Total Cost: \$ \_\_\_\_\_ (\$4.50 or 4% of the permit fee maximum \$560.00) Issuing Officer's Signature: \_\_\_\_\_  
 Receipt No.: \_\_\_\_\_ Designation No.: \_\_\_\_\_  
 Cash  Debit  Cheque \_\_\_\_\_ Permit Issue Date (mmm/dd/yyyy): \_\_\_\_\_  
 Credit Card (attach signed credit card authorization form)