



Private Sewage System Permit Application

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____

Estimated Start Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____

Estimated Completion Date (mm/dd/yyyy): _____

Building Permit No. (if applicable): _____

Value of Work (labour & materials): _____

Owner Name (printed): _____

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

*Email: _____ Owners Phone #: _____ Fax #: _____

Contracting Company Name (printed): _____

Contact Name (printed): _____

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

*Email: _____ Owners Phone #: _____ Fax #: _____

Project Location

Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____

Street/ Rural Address: _____ Unit: _____

* Legal land description is required

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 has not started Work is in progress Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

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) | | |
| <input type="checkbox"/> New Installation <input type="checkbox"/> Alteration of Existing System <input type="checkbox"/> Residential # of bedrooms: _____ <input type="checkbox"/> Commercial # of seats (employees): _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Farm Building <input type="checkbox"/> Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____ Expected Peak Volume: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters ³ /day (not to exceed 25 m ³ /day) | <input type="checkbox"/> Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Packaged Sewer 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"/> Chamber System Treatment Field <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Sub-surface Drip Dispersal <input type="checkbox"/> Enhanced Surface Discharge Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to Limiting Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____ Soil Infiltration Area Required: _____ <input type="checkbox"/> Meters ² <input type="checkbox"/> Feet ² Soil Effluent Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day Linear Loading Rate: _____ <input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day |

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Code Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4. Email: privacy@safetycodes.ab.ca

Certified Installer's Name (please print)

Certification No.

Certified Installer's Signature

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required Building Electrical Gas Plumbing Not Applicable

[Received Date Stamp]

Permit Fee: \$ _____

SCC Levy: \$ _____

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

Travel Fee: \$ _____

Total Cost: \$ _____

Receipt #: _____

Invoiced Cash Cheque Debit

Credit Card Visa MC (attach signed credit card authorization form)

eSITE Permit No.: _____

Agency File No.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.