

## Private Sewage System Permit Application

<b>Permit Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	
<b>Application Date</b> (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): _____	<b>Value of Work</b> (labour & materials): _____

<b>Owner Name</b> (printed): _____			
Mailing Address: _____		City/Town/Village: _____	
Province: _____		Postal Code: _____	
*Email: _____		Owners Phone #: _____	
_____		Fax #: _____	

<b>Contracting Company Name</b> (printed): _____		<b>Contact Name</b> (printed): _____	
Mailing Address: _____		City/Town/Village: _____	
Province: _____		Postal Code: _____	
*Email: _____		Owners Phone #: _____	
_____		Fax #: _____	

<b>Project Location</b>			
Municipality: _____		Subdivision/ Hamlet Name: _____	
Street/ Rural Address: _____		Tax Roll No.: _____	
Unit: _____			
* <b>Legal land description is required</b>			
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)	Please only select applicable item(s)	Please only select applicable item(s)	
<input type="checkbox"/> <b>New Installation</b> <input type="checkbox"/> <b>Alteration of Existing System</b>	<input type="checkbox"/> Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	<input type="checkbox"/> Treatment Field	<input type="checkbox"/> LFH At-Grade
<input type="checkbox"/> Residential # of bedrooms: _____	<input type="checkbox"/> Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____	<input type="checkbox"/> Chamber System Treatment Field	<input type="checkbox"/> Open Discharge
<input type="checkbox"/> Commercial # of seats (employees): _____	<input type="checkbox"/> Packaged Sewer Treatment Plant	<input type="checkbox"/> Treatment Mound	<input type="checkbox"/> Lagoon
<input type="checkbox"/> Industrial	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Sub-surface Drip Dispersal	<input type="checkbox"/> Privy (with holding tank)
<input type="checkbox"/> Institutional	<input type="checkbox"/> Effluent Tank	<input type="checkbox"/> Enhanced Surface Discharge	
<input type="checkbox"/> Farm Building	<input type="checkbox"/> Settling Tank	Depth to Restrictive Layer: _____	<input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches
<input type="checkbox"/> Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____	<input type="checkbox"/> Lift Station	Depth to Limiting Layer: _____	<input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches
Expected Peak Volume: _____		Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____	
<input type="checkbox"/> L/day <input type="checkbox"/> Imp. Gal/day <input type="checkbox"/> Meters <sup>3</sup> /day (not to exceed 25 m <sup>3</sup> /day)		Soil Infiltration Area Required: _____	<input type="checkbox"/> Meters <sup>2</sup> <input type="checkbox"/> Feet <sup>2</sup>
		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

**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 _____
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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

<b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Plumbing <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____ <b>Total Cost:</b> \$ _____ Receipt #: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)	[Received Date Stamp]     eSITE Permit No.: _____  Agency File No.: _____
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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.