

PRIVATE SEWAGE SYSTEM PERMIT APPLICATION

Application Date (mmm/dd/yyyy): _____

Other Permits Required: ☐ Building ☐ Electrical ☐ Gas ☐ Plumbing ☐ Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

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

Estimated Project Completion Date (mmm/dd/yyyy): _____

Permit Applicant: ☐ Owner ☐ Contractor

Value of Work (labour and materials): \$ _____

Owner Name (please print): _____

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

Email: _____ **Owner's Phone #:** _____ **Fax:** _____

Contracting Company Name (please print): _____ **Contact Name** (please print): _____

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

Email: _____ **Contact's Phone #:** _____ **Fax:** _____

Project Location

(Municipality): _____ **Subdivision/Hamlet Name:** _____ **Tax Roll No.:** _____

Street/Rural Address: _____ **Unit:** _____

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

Submit with Application: ☐ Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Systems Standard of Practice

WORK MUST BE INSPECTED BEFORE COVERING

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"/> New Installation <input type="checkbox"/> Alteration of Existing System <input type="checkbox"/> Residential/No. of Bedrooms: _____ <input type="checkbox"/> Commercial/No. of Seats/Employees: _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Work Camps/No. 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 <small>(not to exceed 25 m³/day)</small>	<input type="checkbox"/> Holding Tank: Model # _____ Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Septic Tank: Model #: _____ Working Capacity: _____ CSA Cert No.: _____ <input type="checkbox"/> Packaged Sewage 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"/> LFH At-Grade <input type="checkbox"/> Chamber System Treatment Field <input type="checkbox"/> Open Discharge <input type="checkbox"/> Treatment Mound <input type="checkbox"/> Lagoon <input type="checkbox"/> Sub-surface Drip Dispersal <input type="checkbox"/> Privy (with holding tank) <input type="checkbox"/> Enhanced Surface Discharge Depth to Restrictive Layer: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Depth to most limiting condition: _____ <input type="checkbox"/> Meters <input type="checkbox"/> Feet <input type="checkbox"/> Inches Limiting Soil Texture: _____ Structure: _____ Grade: _____ 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 Soil Infiltration Area Required: _____ <input type="checkbox"/> meters ² <input type="checkbox"/> feet ²

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 _____

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** By signing this application I hereby certify that I own/will own and occupy this dwelling. I take full responsibility for the installation of the on-site wastewater treatment system.

OFFICE USE ONLY

Permit Fee: \$ _____ Travel Fee: \$ _____ SCO/Permit Issuers Name (please print): _____
 SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) SCO/Permit Issuers Signature: _____
Total Cost: \$ _____ Designation No.: _____
☐ Cash ☐ Cheque ☐ Debit Receipt No.: _____ Permit Issue Date: _____
☐ Credit Card (attach signed credit card authorization form) ☐ Invoiced (mmm/dd/yyyy)