

## Private Sewage Disposal Permit Application Form

**Other Permits Required:**  Building  Electrical  Gas  Plumbing

**Permit Type:**  Owner  Contractor

**Development Permit Number:** \_\_\_\_\_

**Application Date (M/D/Y):** \_\_\_\_\_

**Estimated Installation Date (M/D/Y):** \_\_\_\_\_

**Mailing Address**  
**Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mailing Address**  
**Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Municipality:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**System Design Criteria** (complete all applicable items):  Percolation Test \_\_\_\_\_ min/ inch or  Soil Analysis (attach copy) \_\_\_\_\_ # bedrooms  
**Expected Volume of Effluent:** \_\_\_\_\_  cubic meters per day  gallons per day  liters per day \_\_\_\_\_ Depth to Water Table  
**Project Type:**  Commercial / Conventional  Industrial / Conventional  Residential / Conventional  Work Camp # of Men \_\_\_\_\_  
 Commercial / Advanced  Industrial / Advanced  Residential / Advanced Tank Size \_\_\_\_\_ Field Size \_\_\_\_\_

**Project Information:**  New Installation  Alteration **Value of work** (materials and labour): \$ \_\_\_\_\_  
**Components Used:**  Septic Tank  Packaged Sewage Treatment Plant  Sand Filter  Other Initial Treatment  
 Sewage Holding Tank  Open (surface) discharge  Disposal Field  Treatment Mound  
 Sewage Lagoon  Other Final Disposal Method  At Grade (variance required)  
**Description of Work:** \_\_\_\_\_

**Basic System Drawing:** Attach a basic system sketch including: location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information.

**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; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

\_\_\_\_\_  
 Installer's Name & Certification Number (please print)                      Installer's Signature                      Homeowner's Signature (Homeowner permits only)

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ (\*3.5% of permit fee with a minimum of \$4.00) **TOTAL FEE:** \$ \_\_\_\_\_  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash Auth / Chq. Number \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Permit Validation Section (to be completed by the Safety Codes Officer):**  
 Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Issuing Officer's Name (print or type)                      Issuing Officer's Signature  
 Issuing Officer's Designation Number: \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

<b>Calgary:</b> 25, 2015 - 32 Avenue N.E. T2E 6Z3 Tel: 403.717.2344 Fax: 403.717.2340 Toll Free Phone: 1.888.717.2344
<b>Edmonton:</b> 14613 - 134 Avenue T5L 4S9 Tel: 780.489.4777 Fax: 780.489.4711 Toll Free Phone: 1.866.999.4777
<b>Fort McMurray:</b> 165, 101 Signal Road T9H4N6 Tel: 780.715.7726 Fax: 780.715.7731 Toll Free Phone: 1.877.715.7726
<b>Grande Prairie:</b> 1st Floor 10525 - 100 Avenue T8V 0V8 Tel: 780.882.8777 Fax: 780.882.7677 Toll Free Phone: 1.877.882.8777
<b>Lloydminster:</b> Bay 1, 2914 - 50 Avenue T9V 2S5 Tel: 780.870.9020 Fax: 780.870.9036
<b>Red Deer:</b> 3, 6264 - 67 A Street T4P 3E8 Tel: 403.358.5545 Fax: 403.358.5085 Toll Free Phone: 1.888.358.5545

## Private Sewage Disposal Site Plan

(To Be Provided with PSDS Permit Application)

Installer's Name: \_\_\_\_\_ Installer's Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Date of Installation (M/D/Y): \_\_\_\_\_ Installation Location: \_\_\_\_\_

Total Parcel Size: \_\_\_\_\_ Feet x \_\_\_\_\_ Feet



**Note: Do not backfill prior to inspection.**

**Please indicate the following information on sketch:**

1. Location of well/cistern and any slough's or waterways.
2. Location of buildings/proposed buildings / property lines.
3. Location of septic tank, field, mound, treatment tank or any other components of the PSD system.
4. Include distances from all items mentioned above.
5. Length and number of laterals.