



Private Sewage System Permit Application

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Alberta Safety Codes Authority				lestions@inspectionsgroup.com
Permit Applicant: □Owner □Contractor				
		stimated Start Date (mm/dd/yyyy):		
Development Permit No. (if applicable):	Development Permit No. (if applicable): Estima		ted 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):				
Mailing Address:	City/Town/Village	<u> </u>	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: Quarte	r. Sec	ction: Townshin:	Pange: West of:
Directions:		1 560	JUOII 10W110111p	Nange wost on
	lote and detailed description of the work to b	e completed in	noluding all applicable drawings	(documents):
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 I	Evaluation and System Design Report as I	per the currer	nt Alberta Private Sewage Sys	stems Standard of Practice
TYPE OF WORK	INITIAL COMPONENT	<u></u> _	SOIL BASED TREATMENT SUMMA	
Please only select applicable item(s)	Please only select applicable item(s)		Please only select applicable item(s)	
☐ New Installation	☐ Holding Tank	☐ Treatme	ent Field	☐ LFH At-Grade
☐ Alteration of Existing System	Model No.:	☐ Chambe	er System Treatment Field	☐ Open Discharge
☐ Residential	Capacity:CSA Cert No.:		-	
# of bedrooms:		☐ Treatme		□Lagoon
Commercial	☐ Septic Tank	☐ Sub-sur	face Drip Dispersal	☐ Privy
# of seats (employees):	Model No.: Capacity:	☐ Fnhanc	ed Surface Discharge	(with holding tank)
☐ Industrial	CSA Cert No.:		lestrictive Layer:	☐ Meters ☐ Feet ☐ Inches
☐ Institutional	□Packaged Sewer Treatment Plant			
□ Farm Building	Ü	Limiting Soil Characteristics:		_ □ Meters □ Feet □ Inches
□ Work Camp	□Sand Filter			
# of beds:	□Effluent Tank	Texture:Structure: Grade:		
Variance No.:	□Settling Tank	Soil Infiltation Area Required: ☐ Meters² ☐ Fee		Meters² Feet²
Variance Exp. Date:	□Lift Station	Soil Effluent Loading Rate: □ L/day □ Imp. Gal/day		
Expected Peak Volume: □ L/day □ Imp. Gal/day □ Meters³/day				
(not to exceed 25 m³/day)	1	Linear Loa	ding Rate:	_ □ L/day □ 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				
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			[Receiv	red Date Stamp]
Permit Fee: \$				
SCC Levy: \$				
(\$4.50 or 4% of the permit fee maximum \$560.00)				
Travel Fee: \$				
Total Cost: \$				
Receipt #:			eSITE Permit No.:	
□ Invoiced □ Cash □ Cheque □ Debit □ Credit Card □ Visa □ MC (attach signed credit card authorization form)			Agency File No :	