



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)	Please only select applicable item(s)	Please only select applicable item(s)
☐ New Installation ☐ Alteration of Existing System ☐ Residential # of bedrooms: _____ ☐ Commercial # of seats (employees): _____ ☐ Industrial ☐ Institutional ☐ Farm Building ☐ Work Camp # of beds: _____ Variance No.: _____ Variance Exp. Date: _____ Expected Peak Volume: _____ ☐ L/day ☐ Imp. Gal/day ☐ Meters ³ /day (not to exceed 25 m ³ /day)	☐ Holding Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ ☐ Septic Tank Model No.: _____ Capacity: _____ CSA Cert No.: _____ ☐ Packaged Sewer Treatment Plant ☐ Sand Filter ☐ Effluent Tank ☐ Settling Tank ☐ Lift Station	☐ Treatment Field ☐ LFH At-Grade ☐ Chamber System Treatment Field ☐ Open Discharge ☐ Treatment Mound ☐ Lagoon ☐ Sub-surface Drip Dispersal ☐ Privy (with holding tank) ☐ Enhanced Surface Discharge Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches Limiting Soil Characteristics: Texture: _____ Structure: _____ Grade: _____ Soil Infiltration Area Required: _____ ☐ Meters ² ☐ Feet ² Soil Effluent Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day Linear Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

The personal information required on the MD of Willow Creek application forms is collected under the authority of section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services provided by the MD of Willow Creek under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, program evaluation and planning, and the processing of 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. If you have any questions regarding the collection of this information, please contact the MD of Willow Creek at 403-625-3351 or 273129 Secondary Highway 520, Claresholm T0L 0T0.

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

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)

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.