Park Enterprises Ltd.
#10, 491 W.T. Hill Blvd,
Lethbridge, AB T1J 1Y6
Phone: 1(800) 621-5440
Fax: 1(866) 406-8484
Email: contact@parkenterprises.ca

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**	☐ Holding Tank Model No.:_____ Capacity: _____ CSA Cert No.:_____	☐ Treatment Field ☐ Chamber System Treatment Field ☐ Treatment Mound ☐ Sub-surface Drip Dispersal ☐ Enhanced Surface Discharge ☐ LFH At-Grade ☐ Open Discharge ☐Lagoon ☐ Privy (with holding tank)
☐ Residential # of bedrooms: _____	☐ Septic Tank Model No.:_____ Capacity: _____ CSA Cert No.:_____	
☐ Commercial # of seats *(employees)*: _____	☐Packaged Sewer Treatment Plant	
☐ Industrial	☐Sand Filter	
☐ Institutional	☐Effluent Tank	
☐ Farm Building	☐Settling Tank	
☐ Work Camp # of beds: _____ Variance No.:_____ Variance Exp. Date:_____	☐Lift Station	
Expected Peak Volume:_____ ☐ L/day ☐ Imp. Gal/day ☐ Meters³/day (not to exceed 25 m³/day)		

Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches

Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches

Limiting Soil Characteristics:
Texture: _____Structure: _____ Grade: _____

Soil Infiltation Area Required: _____ ☐ Meters² ☐ Feet²

Soil Effluent Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

Linear Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day

The personal information required on the Town of Stavely 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 Town of Stavely 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 Town of Stavely at 403-549-3761 or 5001 50th Avenue, Stavely T0L 1Z0.

_____ _____ _____
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.