



**Safety
Codes
Council**



Alberta Safety Codes Authority

Private Sewage System Permit Application

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

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

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

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.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.