

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

The personal information required on the Town of Coalhurst 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 Coalhurst 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 Coalhurst at 403-381-3033 or 100 51 Avenue, Coalhurst T0L 0V0.

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](http://parkenterprises.ca) for FAQs and application checklists..