MD of Willow Creek

PARK ENTERPRISES LTD.
Permits & Inspection Services

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

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 ☐ Meters³/day
(not to exceed 25 m³/day)

INITIAL COMPONENT

Please only select applicable item(s)

☐ 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

SOIL BASED TREATMENT SUMMARY

Please only select applicable item(s)

☐ 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)

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

FOIP Notification: The personal information required by the MD of Willow Creek application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to 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.