City of St Albert

PRIVATE SEWAGE SYSTEM PERMIT APPLICATION FORM

Please submit complete application with attachments to BIS@stalbert.ca

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

Application Date (mmm/dd/yyyy): _____ Other Permits Required: ☐ Building ☐ Electrical ☐ Gas ☐ Plumbing ☐ Not Applicable (under separate application)

Development Permit No. (only if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ Estimated Project Completion Date (mmm/dd/yyyy): _____

Permit Applicant: ☐ Owner ☐ Contractor Value of Work (labour and materials): $ _____

Owner Name (please print): _____

Mailing Address: _____ City/Town/Village: _____ Province: ____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Contracting Company Name (please print): _____ Contact Name (please print): _____

Mailing Address: _____ City/Town/Village: _____ Province: ____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Project Location (Municipality): _____ Subdivision/Hamlet Name: _____ Tax Roll No.: _____

Street/Rural Address: _____ Unit: _____ Postal Code: _____

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

Submit with Application: ☐ Completed Site Evaluation and System Design Report as per the current Alberta Private Sewage Sytems Standard of Practice

NOTE: WORK MUST BE INSPECTED BEFORE COVERING

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	☐ Holding Tank	☐ Treatment Field ☐ LFH At-Grade
☐ Alteration of Existing System	Capacity: _____	☐ Chamber Systemt Treatment Field ☐ Open Discharge
☐ Residential/No. of Bedrooms: _____	CSA Cert No.: _____	☐ Treatment Mound ☐ Lagoon
☐ Commercial/No. of Seats/Employees: _____	☐ Septic Tank	☐ Sub-surface Drip Dispersal ☐ Privy
☐ Industrial	Working Capacity: _____	Depth to Restrictive Layer: _____ ☐ Meters ☐ Feet ☐ Inches
☐ Work Camps/No. of Beds: _____	CSA Cert No.: _____	Depth to Limiting Layer: _____ ☐ Meters ☐ Feet ☐ Inches
Variance No.: _____	☐ Packaged Sewage Treatment Plant	Soil Texture: _____ Structure: _____ Grade: _____
Variance Exp. Date: _____	☐ Sand Filter	Soil Effluent Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day
Expected Peak Volume: _____	☐ Effluent Tank	Linear Loading Rate: _____ ☐ L/day ☐ Imp. Gal/day
☐ L/day ☐ Imp. Gal/day ☐ Meters³/day (not to exceed 25 m³/day)	☐ Settling Tank	
	☐ Lift Station	Soil Infiltration Area Required: _____ ☐ meters² ☐ feet²

Certified Installer's Name (please print) _____ Certification No. _____ Certified Installer's Signature _____

X _____

Homeowner 's Signature (homeowner permit only) Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling. I take full responsibility for the installation of the on-site wastewater treatment system.

OFFICE USE ONLY

Permit Fee: $ _____ Travel Fee: $ _____ SCO/Permit Issuers Name (please print): _____

SCC Levy: $ _____ ($4.50 or 4% of the permit fee maximum $560.00) SCO/Permit Issuers Signature: _____

Total Cost: $ _____ Designation No.: _____

☐ Cash ☐ Cheque ☐ Debit Receipt No.: _____ Permit Issue Date: _____ (mmm/dd/yyyy)

☐ Credit Card (attach signed credit card authorization form) ☐ Invoiced

City and Address: Postal Code: Phone: Toll Free Phone: Fax: Toll Free Fax: